DOCUMENT RESUME

ED 330 965	CG 023 308

TITLE	Strategic Plan for Colorado's Families and Children: A Draft for Review and Comment.
INSTITUTION	Colorado Governor's Office, Denver. Policy Academy Team.
PUB DATE	Oct 90
NOTE	91p.; Prepared by the Police Academy Team on Families and Children At-Risk.
PUB TYPE	Reports - General (140)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*At Risk Persons; *Child Welfare; Family (Sociological Unit); *Family Programs; Human Services; Policy Formation; Program Development; State Programs
IDENTIFIERS	*Colorado

ABSTRACT

In 1989, the state of Colorado participated in a policy academy on families and children at risk. The intent of the policy academy was to enable states to develop a strategic plan for families and children that would be family focused with an emphasis on family self-sufficiency, and to begin to create a service delivery system integrated across agencies and oriented toward prevention and early intervention. This report includes the policy goals that have been identified through the strategic planning process. These include: (1) creating a shared vision for Colorado families and children among all segments of society; (2) ensuring that all family and child related policies, statutes, rules, regulations, practices, procedures, and legislation are consistent; (3) establishing service delivery options that emphasize and maximize the participation of families and children in choosing options for prevention and treatment; (4) ensuring that efforts to prevent problems begin as early as possible; (5) integrating and prioritizing state planning and budgeting to achieve a coordinated, integrated service delivery system; (6) establishing communities as the focus of service planning and delivery; (7) establishing a single entry point for access to services; (8) establishing a state accountability system based on key outcome indicators for children and families; and (9) developing a human service work force with the skills and knowledge to work effectively with families and children. (LLL)

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STRATEGIC PLAN FOR COLORADO'S FAMILIES AND CHILDREN
A DRAFT FOR REVIEW AND COMMENT

GOVERNOR ROY ROMER

BEST COPY AVAILABLE

Prepared by:

The Policy Academy Team
on
Families and Children At Risk
October 1990

CG023308

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ERRATA

Chapter 1, page 5 and Appendix A, page 1

On any given day in Colorado...

935,141 people are without health insurance (about one third of those are children under the age of 18).

SHOULD BE CORRECTED TO READ

On any given day in Colorado...

440,000 people are without health insurance (almost thirty percent of those are children under the age of 18).

Appendix A page 19

1. 935,141 people are without health insurance.

Reference: Lou Harris and Associates......

Explanation: The Trust survey.....

SHOULD BE CORRECTED TO READ

1. 440,000 people are without health insurance.

Reference: Yondorf, B. & Butler, P., Access to and Expenditures for Health Insurance in Colorado, 1990: A Chartbook. Prepared under the auspices of the Colorado Trust.

Explanation: The March 1989 Census Bureau Supplement of the Current Population Survey (CPS) indicated that approximately 13% of the Colorado population was uninsured in 1988. Ten percent of the uninsured group was under 6, 19.3% between 6 and 17. That represents 129,000 Colorado children or 14.5% of all children under 18 years of age.

3/26/91

STATE OF COLORADO

EXECUTIVE CHAMBERS
136 State Capitol
Denver, Colorado 80203-1792
Phone (303) 866-2471

Roy Romer
Governor

November 1990

Citizens of Colorado:

I am pleased to present to you this strategic plan for Colorado's families and children and to ask for your consideration and comments. This plan articulates a vision for all Colorado families and children, and outlines specific steps to be taken to accomplish that vision.

Colorado has devoted substantial efforts to policy and program development for families and children. In the fall of 1989, Colorado was selected to participate in a Policy Academy on Families and Children at Risk, sponsored by the Council of State Policy and Planning Agencies. The Colorado Policy Academy team was composed of officials from state government, local government and the private sector. The Policy Academy enabled Colorado to develop a strategic plan for families and children that is family focused and emphasizes family self-sufficiency.

Colorado needs strong, healthy families to be economically viable. This is a time of vulnerability in our state and in our nation. We are at a turning point where our resources no longer seem endless. Our economic competitiveness in a global economy will depend on bringing all Colorado families and children into the economic and social mainstream.

We also have a real opportunity to alleviate the suffering and waste of human potential represented by dysfunctional and impoverished families. Our ability to craft public policy solutions to the problems of at risk families and children is a measure of our effectiveness in dealing with the hard problems of governing.

We should start by assessing family needs in our communities. We should ask ourselves what are the barriers to good family functioning in each community. This evaluation must be based on community investment in families.

The future of our society depends greatly on our success in this effort. We need to help families become and remain self-sufficient, and to encourage wide-spread participation in our economic, political, and social life. Without this participation, we risk losing our position as a world leader. With this kind of participation, we will flourish.

Sincerely,

Roy Romer

Roy Romer
Governor

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POLICY ACADEMY TEAM

BEA ROMER
FIRST LADY OF COLORADO

IRENE IBARRA
EXECUTIVE DIRECTOR,
COLORADO DEPARTMENT OF SOCIAL SERVICES

HENRY SOLANO
EXECUTIVE DIRECTOR,
COLORADO DEPARTMENT OF INSTITUTIONS

WM. RANDALL
COMMISSIONER,
COLORADO DEPARTMENT OF EDUCATION

LESLIE FRANKLIN
EXECUTIVE DIRECTOR,
GOVERNOR'S JOB TRAINING OFFICE

TOM VERNON
EXECUTIVE DIRECTOR,
COLORADO DEPARTMENT OF HEALTH

SWANEE HUNT
CHAIR,
HUNT ALTERNATIVES FUND

MARVA HAMMONS
DIRECTOR, FAMILIES' AND CHILDREN'S DIVISION
DENVER DEPT. OF SOCIAL SERVICES

BARBARA MCDONNELL
TEAM LEADER
DEPUTY DIRECTOR, GOVERNOR'S POLICY AND RESEARCH OFFICE

DONNA CHITWOOD
CO-TEAM LEADER
DIRECTOR, FIRST IMPRESSIONS
GOVERNOR'S EARLY CHILDHOOD INITIATIVE

GEORGE KAWAMURA
DIRECTOR, DIVISION OF MENTAL HEALTH
DEPARTMENT OF INSTITUTIONS

MARK LITVIN
DEPUTY DIRECTOR FOR PROGRAMS
DEPARTMENT OF SOCIAL SERVICES

JERRY SMITH
DIRECTOR, OFFICE OF RURAL DEVELOPMENT
DEPARTMENT OF LOCAL AFFAIRS

DANELLE YOUNG
DIRECTOR, CHILD HEALTH SERVICES
DEPARTMENT OF HEALTH

DAVE SMITH
DIRECTOR, HIGH RISK INTERVENTION UNIT
DEPARTMENT OF EDUCATION

STAFF:
PAT DOYLE
POLICY ANALYST
GOVERNOR'S OFFICE

POLICY ACADEMY WORKING GROUP

The efforts of the Policy Academy Team were supported by individuals who provided information and input throughout the development of the strategic plan. They were extremely helpful to the process and the outcome.

Donna Chitwood
Working Group Facilitator

Barbara McDonnell

Pat Doyle

Marsha Gould

Anna Jo Haynes

Sally Vogler

Joy Fitzgerald

Ken Kirkland

Neal Johnson

Ron Simsick

Harriet La Mair

Evelyn Choury

Nedra Sanfilippo

Susan Madian

Norleen Norden

Carmen Velasquez

Cleo Breeze

Bruce Rockwell

Bonnie Orkow

Grace Hardy

Mark Litvin

George Kawamura

Danelle Young

Deborach Haack

Dave Smith

Maria Guajardo

Marva Hammons

Diane Peck

Toni Linder

Mary Ann Ganey

Cecilia Broder

Ben Garcia

Becky Picasso

Keith Murray

Lee Singleton

EXECUTIVE SUMMARY
STRATEGIC PLAN FOR COLORADO'S FAMILIES AND CHILDREN
A DRAFT FOR REVIEW AND COMMENT

The 1980s were a difficult decade for most Coloradans. Although Colorado's economy is stabilizing, it is apparent that many of Colorado's most vulnerable families and children are at risk of living outside the economic mainstream. A number of Colorado families do not have enough money for adequate housing, health care, or child care because the family breadwinners are unemployed or employed in low paying jobs. The children of these families are at increased risk of abuse due to the stresses affecting the adults in the family. They are also at increased risk of dropping out of school, getting pregnant as teenagers, abusing drugs and engaging in criminal activity. The cycle that began with their parents and perhaps with earlier generations, is likely to be repeated.

While living in poverty represents a major risk for Colorado families, other situations must also be considered. Many families in the state experience divorce, single parenting, and the inordinate stress of trying to balance family responsibilities and those of the work place. Children and adolescents in the state encounter the pressures and demands of a complex society with many choices and temptations.

For these reasons, Colorado has devoted substantial efforts to policy and program development in the area of families and children. Initiatives and coordinating councils have been established in the Governor's Office and in state agencies to address early childhood care and education; drug abuse prevention; K-12 education; teen-age pregnancy; housing and the homeless; and prenatal, labor and delivery care. The General Assembly has allocated funding for pilot preschool programs aimed at four-year-olds at risk of school failure due to language problems and mandated preschool services for handicapped preschoolers. Local governments and the private sector have also undertaken special efforts focused on families and children at risk.

In Fall 1989 the State of Colorado applied for and was selected to participate in a Policy Academy on Families and Children At Risk, sponsored by the Council of State Policy and Planning Agencies (CSPA). The intent of the Policy Academy was to enable states to develop a strategic plan for families and children that would be family focused with an emphasis on family self-sufficiency and to begin to create a service delivery system integrated across agencies and oriented toward prevention and early intervention.

Strategic Planning Process

Colorado's strategic planning and implementation process has been divided into three phases. PHASE I, completed in September, 1990, included developing this draft plan. PHASE II is a capacity building phase aimed at preparing for systems wide change, and PHASE III will be the implementation phase during which the state dramatically changes the system for serving families and children. The strategic plan is based on an analysis of the status of Colorado's families and children and an assessment of the environmental context in which any long term changes must take place. It contains a vision for all families and children and the specific steps that must be undertaken to meet the needs of this significant but vulnerable group. The full report on the status of families and children may be found in the appendix of the Strategic Plan.

Status of Colorado's Families and Children

On any given day in Colorado...

* 935,141 people are without health insurance (about one third of those are children under the age of 18).
* 475,000 adults are illiterate.
* 81,130 families with children under the age of 18 are living in poverty.
* 58,480 low income families with children under 18 live in inadequate, unaffordable housing.
* 194 crisis call are made to shelters for victims of domestic violence.
* 123 youth are arrested.
* 51 couples divorce.
* 31 adolescents drop out of school.
* 20 children are abused or neglected.
* 16 babies are born to teen mothers.
* 11 babies are born weighing less than 5.5 pounds.

and

* One child dies before his/her first birthday.

The problems facing Colorado's families and children are compelling but not insurmountable. Ranking 26th in population (3,417,878), with a growing and vital minority group (18.6%) and almost one-third (28%) of its citizens under age 18, Colorado is a reflection of contemporary America. It exemplifies the potential of states to confront the realities facing families and children and bring about vast improvements for their future.

The Vision and Underlying Assumptions

Colorado needs healthy, strong families in order to be economically viable. The vision for Colorado's families and children is that by the year 2000 all will be healthy and productive citizens. Families will have the capacity to meet basic needs for its individual members and for the family as a unit. Support and resources will be available to the family as it strives to meet these needs through extended family, neighbors, and/or the local community. Values are clearly defined and shared by all family members. Each person will have a sense of positive self-esteem and will have the skill and confidence to form positive, long-lasting relationships. Families will have the employment and income to be able to enjoy a quality of life that is of their choosing.

The family serves as an intermediary between the individual and society, providing its members with a sense of continuity and belonging. It is understood that **the family is the most efficient and effective source for rearing children and providing for the needs of its individual members and for the family unit as a whole.** Families are diverse in their structure, yet all families carry out a set of functions that meet the needs of family members. These functions include security or the ability to provide basic shelter, food, clothing, health care, and economic sustenance. Families also provide nurturance, the emotional support, motivation, and caring needed by each individual. The family is also responsible for the socialization or transmittal of basic values, beliefs, responsibility and accepted rules of society.

Within the family structure the process of education begins as children learn to think critically, as well as develop attitudes about learning as a life-long endeavor. The family is also the arena in which self-esteem or positive self regard and confidence are passed on to each member. Each develops a sense of belonging, of group identity, of validation that enables all family members to have the belief that the future holds hope and promise. These family functions are cumulative and must be built upon strong foundations.

The Role of Government

The development of a government policy for families and children is based upon several assumptions concerning the role of families and the role of government. As one of the first steps in making long term systemic change, state government must look at what it can do to help create an environment in which families can flourish. Programs serving families and children currently constitute a large portion of the state budget. These programs, however, are only available in crisis situations, lack coordination across agencies, and focus on individuals rather than the family as a whole. In some instances (like AFDC and foster care), the programs actually divide families as they substitute for, rather than, support family functioning. Not only are these programs expensive, but too often the results are increased problems and long-term system dependency.

Colorado is ready to make significant reforms in the way it serves families and children. Yet, such reform can be accomplished only when all aspects of society (state and local government, business, funders, and the private citizen) recognize the importance of families and children as the key to economic and social productivity. Bringing Colorado's vision for children and families to reality will require energy and commitment on the part of state government, local communities, and the private sector. This strategic plan, based on Colorado's Policy for Families and Children contains nine policy goals and five mechanisms to achieve system change. If all elements of this plan are successfully carried out, at the end of five years, in 1995, significant and measurable achievements for children and families should be evident.

Colorado's Policy for Families and Children

"The vitality and productivity of Colorado depends on the strength and well-being of its families and on the appreciation of the unique role of children in our society. The goal of family policy is to support, strengthen and promote successful family functioning and to form strong partnerships between families and private and public systems through assurance that policies and programs:

- recognize the strength of family ties;
- recognize the diversity of Colorado families;
- support family stability and unity (cohesion);
- support not supplant family functioning;
- treat families as partners when providing services.

Family needs cut across organizational and public and private sector boundaries. A system to support families must include intergovernmental cooperation and the community based alliance of state and local governments and the private sector."

Recommended Policy Goals for Systems Change

The following goals address the systems problems that have been identified through the strategic planning process. Once these goals are achieved, Colorado will be able to achieve its vision for families and children.

Policy Goal 1.

Create a shared vision for Colorado families and children among all segments of society - government, private sector, non-profit sector, advocates, the general public.

Policy Goal 2.

Ensure that all family and child related policies, statutes, rules, regulations, practices, procedures and legislation are consistent with the standards determined by the Colorado Policy for Families and Children.

Policy Goal 3.

Establish service delivery options that emphasize and maximize the participation of families and children in choosing among the available options for prevention and treatment services.

Policy Goal 4.

Ensure that efforts to prevent problems begin as early as possible in order to maximize the benefits to society, its children and families.

Policy Goal 5.

Integrate and prioritize state planning and budgeting to achieve a coordinated, integrated service delivery system to families and children.

Policy Goal 6.

Establish communities as the focus of service planning and delivery for children and families and provide services in the most natural environment possible to maintain the family's integration within the community.

Policy Goal 7.

Ensure a more coordinated and efficient service delivery system by establishing a single entry point for access to services.

Policy Goal 8.

Establish a state accountability system based on key outcome indicators for children and families.

Policy Goal 9.

Develop a human service work force with the skills and knowledge to work effectively with families and children to improve their capacity to function in a productive and healthy manner.

Mechanisms For Bringing About Change

The key to creating a policy context in which families can flourish is making basic changes in the way government does business. Five mechanisms for bringing about this change will be utilized. These include a Commission on Families and Children, A Families and Children's Budget, an Accountability System, Comprehensive Family Centers, and Community Action Plans. With total community involvement and by placing families and children at the top of every one's list of priorities, the vision for families and children can become a reality. Colorado will prosper and flourish as long as its families prosper and flourish.

Public comment on the draft of the strategic plan will be sought during the winter and spring of 1991. Regional forums will be held to present the draft and to get feedback. These discussions with the Governor and the Colorado Commission on Families and Children will result in a final strategic plan that reflects a shared vision for families and children and formalizes community based, localized action plans to implement that vision.

For more information or to order a copy of the Strategic Plan contact:

Donna Chitwood
Families and Childrens Initiatives
Governor's Office
136 Capitol Building
Denver, Colorado 80203
303-866-2974

OR

Barbara McDonnell
Policy and Research Office
Governor's Office
136 Capitol Building
Denver, Colorado 80203
303-866-2155

"Families have changed with the rest of society. Families take many different forms today, and we honor that diversity. But the family is still the precondition to the other institutional structures of our society. If families don't work, our other institutions won't work either.

Most parents want and try to do a good job of raising their children, but it's a harder job than in the past. We should ask ourselves how, in the midst of our modern economic stress, we can function most effectively as parents. We also should ask ourselves how, as a society, we can help families adapt to a rapidly changing world.

Most of the solution to helping families succeed lies outside government. However, Government can help create an environment in Colorado that allows families to flourish. We can do this by taking a careful, long-range view and results-oriented approach to making the most of Colorado's human potential. We did this in planning for and guiding Colorado's economic recovery. We know that it works. I am calling upon the people of Colorado to make the 1990s the Decade of the Child and the Family."

Governor Roy Romer
State of the State Address
January 11, 1990

INTRODUCTION

COLORADO'S STRATEGIC PLANNING PROCESS FOR FAMILIES AND CHILDREN

The 1980s were a difficult decade for most Coloradans. Although Colorado's economy is stabilizing, it is apparent that **many of Colorado's most vulnerable families and children are at risk of living outside the economic mainstream.** A number of Colorado families do not have enough money for adequate housing, health care, or child care because the family breadwinners are unemployed or employed in low paying jobs. The children of these families are at increased risk of abuse because of the stresses affecting the adults in the family. They are also at increased risk of dropping out of school, getting pregnant as teenagers, abusing drugs and engaging in criminal activity. The cycle that began with their parents, and perhaps with earlier generations, is likely to be repeated.

While living in poverty represents a major risk for Colorado families, other situations must also be considered. Many families in the state experience divorce, single parenting, and the inordinate stress of trying to balance family responsibilities and those of the work place. Children and adolescents in the state encounter the pressures and demands of a complex society with many choices and temptations. Limited access to health care, inadequate child care, accidents, and suicide are risks facing all Colorado families regardless of economic status.

For these reasons, Colorado has devoted substantial efforts to policy and program development in the area of families and children. Initiatives and coordinating councils have been established in the Governor's Office and in state agencies to address early childhood care and education; drug abuse prevention; K-12 education; teen-age pregnancy; housing and the homeless; and prenatal, labor and delivery care. The General Assembly has allocated funding for pilot preschool programs aimed at four-year-olds at risk of school failure due to language problems and has mandated preschool services for handicapped preschoolers. Local governments and the private sector have also undertaken special efforts focused on families and children at risk.

In Fall 1989 the State of Colorado was selected to participate in a Policy Academy on Families and Children At Risk, sponsored by the Council of State Policy and Planning Agencies (CSPA). A Colorado team consisting of the executive directors of state human service agencies and their policy advisors, staff from the Governor's Office, representatives from the funding community and local government, and the First Lady of Colorado joined nine other states in a structured process aimed at producing an outcome-oriented action plan for families and children.

The intent of the Policy Academy was to enable states to **develop a strategic plan for families and children that would be family focused with an emphasis on family self-sufficiency and to begin to create a service delivery system integrated across agencies and oriented toward prevention and early intervention.** Ultimately, the goal is to restructure the way in which Colorado serves families and children at risk.

Strategic Planning Process Has Three Phases

Colorado's strategic planning and implementation process has been divided into three phases. PHASE I, completed in September, 1990, included developing this draft plan. PHASE II is a capacity building phase aimed at preparing for system wide change, and PHASE III will be the implementation phase. Following are the objectives of each phase of the strategic planning process.

PHASE I. DEVELOPING THE STRATEGIC PLAN

December 1989 - September 1990

* Define at-risk families and children in Colorado and identify several dimensions of family vulnerability to be addressed through strategic planning.
* Compile existing data sources that describe the characteristics of Colorado's at-risk families and children.
* Identify a shared vision for Colorado families and children.
* Develop a draft of an interagency strategic plan that is family-focused, strives for self-sufficiency and recognizes the long-term benefits of investments in prevention and early intervention.
* Establish a Commission on Families and Children to carry out PHASE II and PHASE III.

PHASE II. BUILDING CAPACITY FOR SYSTEMS CHANGE
September 1990 - August 1991

- * Analyze the impact of all existing policies and practices on families and children and recommend changes to be made.
- * Begin developing a fiscal and legislative agenda that reflects the strategic plan for at-risk families and children.
- * Conduct public forums in communities throughout the state to solicit input into the draft of the strategic plan, garner grassroots support and develop a broad-based action plan for implementation.
- * Design data collection techniques that profile the comprehensive needs of at-risk families and children and establish a common data base across human service agencies.
- * Develop an accountability system that is outcome based versus process based.
- * Develop a Colorado model for family centers, where local communities, in conjunction with state government, initiate innovative approaches to working with families.

PHASE III. IMPLEMENTATION OF SYSTEMS CHANGE
August 1991 - December 1995

- * Publish the final strategic plan which includes community actions to be taken across the state.
- * Implement system wide changes in policy and practice.
- * Pilot Comprehensive Family Centers as demonstration sites for refining systems changes.
- * Evaluate effectiveness of the systems changes.

This document represents Colorado's strategic plan. It is based on an analysis of the status of Colorado's families and children and an assessment of the context in which any long-term changes must take place. It contains a vision for all families and children, and the specific steps that must be undertaken to meet the needs of this significant but vulnerable group. Throughout the report it is understood that reference to "children" implies children and youth through the age of eighteen years.

Public comment on the draft of the strategic plan will be sought during the winter and spring of 1991. Regional forums will be held to present the draft and to get feedback. These discussions with the Governor and the Colorado Commission on Families and Children will result in a final strategic plan that reflects a shared vision for families and children and formalizes community-based action plans to implement that vision.

CHAPTER 1
THE STATUS OF COLORADO'S FAMILIES AND CHILDREN

On any given day in Colorado...

- ***935,141 people are without health insurance (about one third of those are children under the age of 18).***
- ***475,000 adults are illiterate.***
- ***81,130 families with children under the age of 18 are living in poverty.***
- ***58,480 low income families with children under 18 live in inadequate, unaffordable housing.***
- ***194 crisis calls are made to shelters for victims of domestic violence.***
- ***123 youth are arrested.***
- ***51 couples divorce.***
- ***31 adolescents drop out of school.***
- ***20 children are abused or neglected.***
- ***16 babies are born to teen mothers.***
- ***11 babies are born weighing less than 5.5 pounds.***

and

- ***One child dies before his/her first birthday.***

In order to develop public policy that can complement and sustain family functioning, it is important to begin with an assessment of the current status of families and children. An accurate profile would look at the interaction of multiple dimensions (e.g., employment, child care, education, housing, etc.) in relationship to overall family functioning. For example, questions might be asked about the health status of single fathers who are chronically unemployed or the incidence of substance abuse and homelessness among the parents of high school dropouts.

Current methods of data collection in Colorado, however, do not allow for such analysis because data do not exist that illustrate the combined effects of several risk factors on a family's capacity to function productively.

In the absence of interrelated data, separate data sources were compiled to develop a composite picture of Colorado's families and children. This composite picture gave form and substance to the development of the strategic plan. That fully referenced report, The Status of Colorado's Families and Children may be found at the end of this document in Appendix A. Poverty, employment, child care, education, housing, physical and mental health, and overall family functioning were chosen as important variables to determine the status of children and families in the state. These measures indicate the potential of children and families to lead healthy and productive lives. This chapter highlights the conclusions of that report as it relates to each of the eight variables.

It is important to note the demographic makeup of the state in order to understand the significance of these statistics. Colorado is the twenty-sixth most populous state with an estimated 1990 population of 3,417,878. The racial/ethnic breakdown of the state's population is: 81.4% White, 12.8% Hispanic, 3.9% Black, 1.2% Asian, and .7% American Indian. Approximately 28% of the population falls into the age 18 and under category and there are about 402,726 families with children under 18 in Colorado. Approximately 83% of these families are headed by married couples and 15% are headed by single females.

Poverty: The Greatest Risk Factor for Families

Research has demonstrated that it is the interaction of risk factors with one another that produces damaging outcomes for families and children over time. The informal support from family and friends that could minimize the impact of risks may be insufficient to buffer the many risks faced by poor children and their parents. Poverty is a major catalyst that appears to set other risk factors in motion. Children growing up in families that are poor face the greatest chance of damaging outcomes. Poor children are more likely than nonpoor children to: be born at low birth weight, have poor nutrition and health care, live in unaffordable and substandard housing, be victims of child abuse and neglect, and be low achievers and eventually drop out of school. They are also more likely to: engage in criminal behavior, become unmarried teen parents, become welfare dependent, and, if they are employed, earn less.

It is estimated that poverty in Colorado for families with children under age 18 has increased dramatically in the 80s: from 10.4% in 1979 to 16.8% in 1988. Female-headed families with children are particularly at risk of being poor. In 1979, nearly half of all poor families were headed by women and one-third of all female-headed families were poor. Minority female-headed families face the greatest risk.

Employment: Crucial to the Family's Health and Well-being

Because of the many risk factors and social problems associated with being poor, adequate employment is critical to the health and well-being of families. After Colorado entered a recession in 1986, the unemployment rate climbed. Unemployment in Colorado peaked early in 1987, and has been dropping steadily ever since. In 1989, Colorado's unemployment rate was 5.8% compared to the U.S. rate of 5.2%. It is only in recent months that Colorado's rate dropped below the national rate (e.g., in May 1990, the Colorado rate was 4.9% while the U.S. rate was 5.3%).

Although overall unemployment has declined, this figure masks the high unemployment rates experienced by minorities. In 1989, while the overall unemployment rate for those 16 and older was 5.8%, for Blacks it was 12.2% and for Hispanics it was 11.7%.

Child Care: A Necessity for Today's Working Families

Child care is a necessity for the growing number of families that have mothers with young children participating in the labor force. The number of all Colorado women with children under six who are in the workforce has grown steadily from 46.4% in 1980 to 56% today. While availability of child care is necessary to enable parents at all income levels to work, affordability of child care is a significant problem for low-income families. Parents requiring child care spend approximately $260 per month or $3,120 per year, per child on child care. While a family with one child and an annual income of $28,500 would spend 11% of its income on child care, a single parent with one child, working full-time at minimum wage at an annual income of $7,176, would spend 43% of her income on child care. At this level, child care costs can endanger family well-being and are a major obstacle to the labor force participation of poor women.

In Colorado, assistance is available to some families through state or federal subsidies or sliding income fees. In 1989-90, there were approximately 9,454 publicly funded child care slots. The amount available, however, does not meet total need. This problem becomes more complex for the parent who receives financial assistance with child care through the Colorado Department of Social Services. Since the average state child care reimbursement is approximately 20% below current market rate, many child care providers cannot afford to accept low-income children resulting in an increasing shortage of licensed options for these children.

Education: The Key to Future Employment and Earnings

There is a close relationship between educational status and employment and income. Parents who have not completed high school are less likely to be employed than those who have finished high school. They are also likely to earn less when employed. For example, in 1987, the poverty rate was 62% for children under six whose parents had not completed high school. This rate dropped to 19% for children in families where the better educated parent was a high school graduate and to 4% for children in families where the better educated parent had some post-secondary education. Higher levels of education are associated with lower levels of poverty for all racial and ethnic groups.

In 1980, 23% of adults age 25 and older held college degrees, making Colorado first in the nation in terms of educational attainment. However, minorities are underrepresented in public post-secondary education. Although minorities comprised 18% of the population in 1987, they represented 12.4% of individuals enrolled and only 8.5% of college degrees conferred by public universities.

Many individuals in Colorado are not completing high school. The graduation rate decreased from 76.5% in 1987-88 to 75.9% in 1988-89. Graduation rates in Colorado over the past 20 years peaked in 1972 at 84.8% and were lowest in 1989 at 75.9%. Those at greatest risk of not graduating from high school are Hispanic students with a graduation rate of 58.9%, and American Indian and Black students, with a graduation rate of 61.1% and 64.9%, respectively. The overall dropout rate for grades 10-12 was 6.8% in 1988-89 (for American Indians it was 12.3%, for Hispanics it was 11.9% and for Blacks it was 10.8%).

Housing: A Basic Necessity

A family's inability to afford an adequate home increases its vulnerability to risk. Housing instability and transiency negatively impact physical and mental health, employment, and education, as well as family functioning as a whole. Having an adequate and affordable home is a basic element in a family's ability for moving out of poverty toward self-sufficiency. Yet, in 1990, it is estimated that there are 58,480 families with children under 18 and incomes below $17,500 who do not have adequate, affordable housing.

During the 1980s, homelessness increased in Colorado. Included among the new ranks of the homeless are families and children. Twenty-six percent of the total homeless population are families with children.

Physical Health: Children Deserve a Healthy Start

Good health care plays an early and critical role in the well-being and development of children. Health problems can represent significant risk factors by interfering with the development of healthy relationships within a family and by interfering with learning and early success at school.

The health status of Colorado's children and families can be determined by reviewing several key health indicators or benchmarks. For example, the infant mortality rate, representing the number of infant deaths per 1,000 live births, was 9.5 in 1988. This is comparable to the U.S. rate of 9.9. In 1989, Colorado's infant mortality rate dropped to 8.7 (459 infant deaths), the second lowest rate ever recorded in the state. Since 1980, the infant mortality rate in Colorado has fluctuated between a low of 8.6 in 1986 (the lowest rate ever recorded in the state) to a high of 10.2 in 1984.

Despite the widely recognized importance of early and regular prenatal care and adequate nutrition for a healthy birth, Colorado's progress in these areas is poor. In 1987, the percentage of women receiving inadequate prenatal care was 27.5%. In other words, only about 72% of Colorado women were receiving proper prenatal care.

The percent of low birth weight babies (those weighing less than 5.5 pounds) is another important indicator of child well-being. The care of low birth weight babies is extremely expensive (e.g., costs may exceed those of caring for a normal weight baby by as much as five times). In 1987, Colorado's percentage of low birth weight babies was among the highest in the nation at 7.9%, well above the national average of 6.9%.

Another indicator of child health is the percentage of children fully immunized before age two. In 1987-88 that percentage ranged from 54.6% to 59.1%. Colorado fell far short of the Surgeon General's goal of 90% of two-year-olds immunized by 1990.

Mental Health: Too Many Children Don't Get Services

The mental health or emotional well-being of families and children refers to the ability to think, feel, learn, communicate and form social attachments. To assess mental health status it is necessary to look at estimated mental health need and at primary problem areas of functioning for children in the public mental health system.

According to the Institute of Medicine, at least 12% of America's children suffer from diagnosable mental disorders (emotional, behavioral and developmental disorders). The prevalence of mental disorders is substantially greater among the poor who have less access to appropriate mental health services than middle- and upper-class families.

The Colorado Division of Mental Health estimates the need for mental health services for individuals with severe emotional disturbances (those characterized by significant impairments in functioning for an extended length of time) at 24,508 children and 10,520 adolescents. This accounted for nearly 4% of the child and adolescent population. The public mental health system served 4,895 children and 6,447 adolescents in 1989.

A review of statistics based upon child and adolescent admissions to the public mental health system for 1989-90 suggest a relationship between family dysfunction and the development of mental health problems in children. For example, child abuse is a significant problem facing the children in the public mental health system: 32.3% of the children and 36.8% of the adolescents had been physically abused, and 23.7% of the children and 25.5% of the adolescents had been sexually abused at some point in their lives. There were alcohol or drug abuse problems at some point in time in the family for 50% of the children and 51.2% of the adolescents. Family violence was a reality for 36.1% of the children and 33.5% of the adolescents. The major factor that these children had in common was family instability: it characterized 69.9% of the child families and 67.4% of the adolescent families. Family instability is characterized by crisis, multiple problems, significant discord, and lack of cohesiveness.

Family Functioning: Indicators of Dysfunction Cut Across Economic Boundaries

Healthy family functioning enables individual members to lead positive and productive lives. Competent families function as they do because of the interrelationship of a number of qualities: 1) a sense of family unity, loyalty and interfamily cooperation (family pride); 2) a climate which fosters the growth and development of its members (family support); 3) mutual respect for the individuality of its members (cohesion); 4) flexibility of family roles (adaptability); 5) good communication patterns, including sensitive listening (communication); and 6) maintenance of relationships outside of the family, including social responsibility (social support).

Since data is not kept on healthy family functioning, several symptoms of family dysfunction were reviewed, including marriage dissolutions, child abuse and neglect, domestic violence and teen pregnancy. There were 18,550 marriage dissolutions in Colorado in 1989 which translates into a rate of 5.5 divorces per 1,000 population. That was the lowest divorce rate since 1972 when it was 5.2. The U.S. rate for 1988 was 4.8.

Violence against family members is continuing to increase at an alarming rate. In 1989, there were 7,224 confirmed victims of child abuse and neglect. Of that number, 2,492 were victims of minor-moderate injury, 186 were victims of major injury, 2,759 were victims of neglect, 1,208 were victims of incest and 761 were victims of third-party sexual abuse.

In 1988, it is estimated that there were over 20,000 arrests for domestic violence. While Colorado shelters housed 8,954 individuals in 1989, perhaps a more accurate indicator of the scope of the problem are the 70,765 crisis line calls that Colorado shelters handled in 1989.

Teen pregnancy is included as an indicator of dysfunction because it is sometimes associated with an adolescent's perception that her prospects for the future look bleak, and little will be lost having a baby as an unmarried teenager. The percentage of all Colorado births that were to teenage mothers in 1987 was 10.6%, below the national average of 12.4%. However, the statewide average masks the magnitude of the problem in certain Colorado counties where the percentage is double the statewide average or greater: 23.8% in Crowley, 22.6% in Sedgwick, 21.6% in Prowers and 21.2% in Rio Grande. Denver County and Adams County are almost one and one-half times the state average, at 14.4% and 13.4%, respectively.

Other symptoms of family dysfunction are fully discussed in the Status of Colorado's Families and Children report in Appendix A of this document. The data reported reflect family deficits rather than family strengths. Research indicating that strong families deal more effectively with stress and change suggests the potential preventive role family strengths might play. It also supports the value of developing programs that help families build on these strengths.

It is important that future data collection efforts focus on family strengths as well as deficits in order to evaluate public policy makers in their efforts to develop programmatic strategies that enhance family functioning. Well-functioning families are healthier, more productive members of society.

CHAPTER 2

ECONOMIC AND POLITICAL CONTEXT FOR POLICY CHANGE

The problems facing Colorado's children and families are clearly compelling but not insurmountable. Ranking 26th[1] in population (3,417,878),[2] with a growing and vital minority group (18.6%)[3] and almost one-third (28%)[4] of its citizens under age 18, Colorado is a reflection of contemporary America. It exemplifies the potential of states to confront the realities facing families and children and bring about vast improvements for their future.

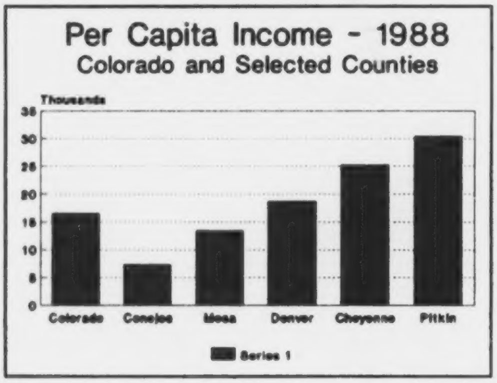
Economic Environment: Recovering From A "Bust" Decade

The 1980s were a difficult economic period for Colorado's families and children. Colorado has traditionally relied on the extraction industries (mining, oil), which suffered severe setbacks during the 80s. Colorado entered a recession in 1986. The mining and construction industries, containing the more financially lucrative jobs, continued to decline while the retail, service and manufacturing sectors grew. Unfortunately, jobs in the retail and service sectors, the fastest growing sectors in the current economy, tend to be low-wage occupations.[5]

There are signs that the Colorado economy is recovering. Most significant is the drop in the overall unemployment rate. Unemployment peaked early in 1987 and has been steadily dropping ever since. In May 1990, the state rate was 4.9%, lower than the national rate of 5.3%.[6] Other signs of economic health are the 35,000 new jobs created in Colorado in 1989,[7] the recent opening of a new convention center and the initial stages of construction of a new airport.

Economic disparity exists, however, between various regions of the state. Most of the economic energy of the state is concentrated along the **Front Range**, which is home to 82% of the state's population.[8] The strength of its economy is largely due to the presence of high technology firms in the region.[9] The relative strength of the economy in Front Range counties is reflected by per capita income. In 1988, while the per capita income was $16,459 in Colorado, it was $18,703 in Denver County.[10] Interestingly, although Denver County has a per capita income above the state average, it also has the highest number of people living in poverty in the state, 65,829 people or 13.7% of their population.[11]

The southern counties of Colorado (**San Luis Valley**), that rely primarily on farming and manufacturing, comprise the poorest region of the state. In 1980, Conejos and Costilla Counties had the highest percentage of people living in poverty in the state at 30.4% and 36.1%, respectively.[12] In 1988, Conejos County had the lowest per capita income in the state at $7,307 which is less than half of the state average ($16,459).[13] A high proportion of Hispanics populate this region of the state and they are significantly impacted by the high unemployment there.



Economic conditions are somewhat healthier on the **Western Slope**, particularly in those counties that have diversified economies and are less dependent on mining. One such county is Mesa County which had a per capita income of $13,038 in 1988.[14] Still, per capita income in Western Slope counties falls below the state average.

The counties that make up the **Eastern Plains** are home to the majority of the state's farmers. Although some of these counties have high per capita incomes (Kiowa at $23,437, Cheyenne at $25,249), government subsidies may constitute a large percentage of their farm income.[15]

The eastern Rocky Mountains or "**Ski Country**" is largely dependent on the tourist industry for its economic well-being, and enjoys relative economic health. In 1988 Pitkin County had the highest per capita income in the state at $30,447, and Summit County's was also high at $20,989.[16]

Political Environment: Children Compete For Priority

The political climate for family policy is reflected in recent activity on behalf of children and families by both the executive branch and the legislative branch. The Governor's Office and the Legislature, recognizing the value of investment in families and children, have begun to address the problems facing this group. These efforts, while an important start, have thus far lacked the shared vision and coordination necessary to achieve true system change and significant improvement. Also, children and families have had to compete against the problems of highways, prisons and the overall economy.

Executive Efforts: Lead Way For Families and Children

Since taking office in 1987, Governor Romer has initiated many efforts on behalf of children and families and has demonstrated leadership in this area. Some of those actions include:

- Directed the Policy Academy Team on Families and Children to develop a strategic plan for serving families and children at risk.
- Created First Impressions, the governor's initiative on early childhood.
- Created the Governor's Task Force on Child Care to improve Colorado's child care system.
- Created a Business and Child Care Council to assess private sector involvement in child care and increase the level of business involvement.
- Charged Colorado with becoming a model employer by directing the Department of Personnel to implement family friendly policies.
- Assumed the position of lead governor for education through the National Governor's Association.

- Launched the Colorado Educational Creativity Initiative.
- Created the Staff Working Group on Teen Pregnancy to initiate 15 community-based programs across the state.
- Established Communities for a Drug-Free Colorado.
- Created the Task Force on Prenatal, Labor, and Delivery Care.
- Established the Colorado Coordinating Council on Housing and Homeless.
- Established the Colorado Interagency Coordinating Council for services to families with special needs infants and toddlers.
- Appointed the Colorado Task Force on Self-Sufficiency to develop a self-sufficiency action plan for Colorado.

Legislative Efforts: Solutions in Selected Areas

Of the 547 bills introduced in the 1990 legislative session,[17] 60 bills concerned families and children.[18] Several bills made improvements in the health, education, safety and economic status of children in the state.

Health

Senate Bill 25 created a pilot program for a Children's Health Plan to provide outpatient health services to children under age nine who live in families with incomes less than 150% of federal poverty guidelines. These families do not qualify for Medicaid, but are too poor to purchase health services for their children. **Senate Bill 204** expanded Medicaid eligibility to pregnant women and children under age six with incomes up to 133% of poverty. It is estimated that the expansion will cover an additional 4,000 women and 25,000 children. Senate Bill 204 allowed for "continuous eligibility" meaning that eligible pregnant women are eligible throughout their pregnancy and for 60 days thereafter regardless of any changes in their income. **House Bill 1305** created a health insurance program for people of all ages who are considered "uninsurable" due to health reasons.[19] Although these bills improve access to health care for children and families, they represent a piecemeal approach with no comprehensive child health plan in place.[20]

Education

House Bill 1137 extended preschool education programs to handicapped three- and four-year-olds. This bill is significant because of the role of early intervention and treatment in reducing the severity of many handicaps. **House Bill 1314** (School Finance Bill) increased state funding for education and creates a comprehensive health education program in grades K-12. Health education has been shown to reduce high risk behaviors, e.g., the use of alcohol and drugs.[21] House Bill 1314 also increased the number of at-risk four-year-olds being served by the Colorado Preschool Project from 2,000 to 2,750.[22]

Child Care

Senate Bill 161 encourages employers to assist working parent families by permitting on-site child care. Further, it requires the State of Colorado's Department of Personnel to study programs to make the state a "model" employer, and requires the Office of Child Care Services (Colorado Department of Social Services) to assist businesses through the licensing process.[23]

Child Protection

There were nine bills passed concerning child protection. Highlights include the following. **Senate Bills 121 and 132** increase penalties for persons convicted of selling drugs at or near a school yard or bus, and also for adults who use children to help them sell drugs. **House Bill 1075** expands the system for licensing child care facilities.[24]

Poverty

Senate Bill 204, discussed previously under health, enacted a federal mandate to provide income assistance to two-parent families in which the primary wage earner is unemployed. This bill re-established the Aid to Families With Dependent Children - Unemployed Parent (AFDC-UP) program which was abolished in Colorado in 1985. Families can receive income assistance for up to nine months. This program begins October 1, 1990.[25] This bill is critical in that it recognizes and provides economic aid to poor, two-parent families.

Senate Bill 44 allows homeless children to continue to attend school in the district where they used to live, or in a new district where they may be living in a temporary shelter.[26] This bill provides some stability to a child's life that is otherwise unstable and recognizes the importance of stability to school success. Two bills were also passed to increase child support in Colorado.[27]

During this past summer, a **Legislative Interim Committee on Family Issues and Rights** was formed pursuant to House Joint Resolution 1033. The Interim Commitee is composed of three subcommittees that focus on the following areas of study: 1) maternal substance abuse, 2) child abuse/neglect and the judicial system, and 3) alternative approaches to financing government provided services. After gathering evidence, each of the subcommittees drafted legislation to be proposed in the 1991 legislative sessions.[28]

Innovative Family-Focused Programs: Exemplify Comprehensive, Coordinated Approach

A description of the environment favorable to families and children would not be complete without special mention of the tremendous support provided by innovative local programs that combine public and private efforts. These programs exemplify the comprehensive, coordinated approach envisioned in the strategic plan.

One of the major barriers in the service delivery system inhibiting a family's ability to get the help they need is most often characterized as "fragmentation of services". This means that although families have more than one need (e.g., a family may need housing assistance, but also have a child in need of mental health services), the service delivery system is set up so that families must go to different agencies for different services and meet different eligibility requirements. Further, agencies serving a family typically do not communicate with one another about what kind of assistance is being provided. Not only is this a dehumanizing, burdensome experience for families, it is extremely inefficient.

There are some innovative model programs and services on both the state and local level designed to assist families and children at risk.

Most of these programs exemplify a more comprehensive and coordinated approach than programs of the past. All involve partnerships between the public and private sector and all reinforce the importance of prevention and early intervention.

The public schools are becoming increasingly involved in programs targeting at-risk families and children. An example of this concern is the **Colorado Preschool Project** (CPP) sponsored by the Colorado Department of Education. The CPP targets children at risk due to language development problems. The service delivery model is unique in that a combination of district preschools, private early childhood care and education providers and Head Start programs serve 2,750 children in 59 school districts around the state.[29]

Another example of public school involvement is the **Family Resource Schools Project** which is a partnership between Denver county government and Denver Public Schools to offer services to families and children at seven elementary schools in the Denver area. Several foundations also fund this project. A community team representing each school develops a plan of action according to the needs of the community. Services may include: child care and education, adult education, health care, counseling, transportation, housing and recreation. The goal is to increase children's ability to learn, and ultimately their educational level, by dealing with problems that impede learning. One of the schools (Cheltenham) is in its third year of operation, but the majority are still in the process of designing their action plan.[30]

During the 1980s, the town of Leadville in Lake County was hit hard by the declines in the mining industry. Leadville is an isolated community with the nearest communities approximately an hour away. Workers were forced to commute long distances to work and were faced with the dilemma of having no care for their children, particularly considering the very early and late hours they were traveling. **The Center in Leadville** is a community response to community problems. The Center is open 365 days a year from 5:30 a.m. to 6:30 p.m.. Components of the program include an infant-toddler care program for 0 to 2 1/2-year-olds, a special needs integrated preschool program for 2 1/2 to 5-year-olds and a before and after school care program for children ages 5 to 13. In addition to child care, The Center does play-based assessments of infants and children to age 5. Family support services include family dinners, parenting classes and home visitor programs. Finally, The Center coordinates the services it provides to a family with other agencies in the community serving the family.[31]

In the area of health care, the **Poudre Valley Prenatal Program** (PVP) and the **Children's Clinic** in Fort Collins also exemplify the effectiveness of a community working together for its children. PVP provides prenatal and post-partum services (through the six-week check-up) for low-income women and teens including a prenatal clinic, help finding other resources, counseling and family education (e.g., early childhood, nutrition, stop smoking, etc.). A primary goal of the program is to reduce the number of low birth weight babies, a common symptom in babies whose mothers receive inadequate prenatal care. During the first six months of PVP's operation, only seven mothers that came to the emergency room of Poudre Valley Hospital to deliver their babies lacked prenatal care versus fifty for the six months prior to opening.[32]

The **Children's Clinic** is a full service health clinic (including an in-house pharmacy) for children ages 0-19 whose families are at or below 150% of poverty. The clinic was opened because the lack of physicians in the community accepting Medicaid resulted in children going without health care. Since the clinic opened its doors in July 1989, it has served approximately 1,500 families. The full-time staff of six includes a pediatrician, a nurse practitioner and a medical social worker. There is also a volunteer staff of 100 physicians (including specialists) from the community who will see patients at low or no cost. The clinic's concern goes beyond the individual child to the health and well-being of all family members. The clinic's Health Advocate Program, operated in conjunction with Lutheran Social Services (Fort Collins), reflects this holistic philosophy. Modeled after Lutheran's Friendly Visitor Program, health advocates are paired with families at risk. There is a one-year renewable commitment to the program.[33]

Family Connections is a federally funded joint venture of the Clayton Foundation and Mile High Child Care Association. Clayton and Mile High Child Care work in partnership with a number of other public and private agencies to offer comprehensive, intensive services to families with young children to enhance their self-sufficiency. The effort is also being supported by foundations and private non-profits.[34] Most of the participants in the program are single parents receiving AFDC. All must be pregnant or have a child under age one so that the effects of early intervention can be determined. Services include: health care, child care, counseling, education, employment and job training, and legal aid.[35] Currently, there are 20 agencies (e.g., Child Opportunity Program, Adult Learning Source, Denver Mental Health Center, etc.) contracting with Family Connections to provide services at the Clayton campus in Denver. Denver Family Opportunity has provided three case managers who do the initial assessment of the family, and who, in partnership with the family, develop a self-sufficiency plan. All of the service providers reflected in a particular plan make up the resource team that works with the family. In addition to a case manager, each family has a family partner who acts as an advocate for the family.[36]

Homebuilders is a family preservation model that originated in Tacoma, Washington, and is being facilitated in Colorado through the joint efforts of The Colorado Trust, The Clayton Foundation, the El Paso County Joint Initiatives on Youth and Families, the Colorado Division of Mental Health, the Colorado Division of Youth Services and Denver and Adams County Social Services. The goal is to prevent the unnecessary placement of children outside of the home, including the prevention of hospitalization for mental health purposes. The Homebuilders model is based upon the premises that children do best in their own families and that all families have strengths. After a period of intensive intervention, most families can resolve the crisis that precipitated the risk of placement and return to an adequate level of functioning. Several other counties within Colorado have also expressed interest in this model and are working with The Colorado Trust and The Clayton Foundation to implement it.[37]

Conclusion: Problems and Potentials

Colorado is a state of contrast, exhibiting an array of problems and potentials. It boasts a highly educated and affluent population, yet many of its citizens are educationally and economically disadvantaged and regional disparity exists. Despite signs of an economic recovery, poverty and associated risk factors continue as a significant problem for too many of the state's families and children. Even though a large portion of Colorado's budget is directed toward at-risk families and children, the results are often less than would be desired.

The scope of problems facing Colorado's families and children clearly merit concern, but they are manageable and the opportunities for solution are many. There are some exciting and innovative model programs and services for at-risk families and children in the state, but most of them are limited in the number of families they can serve and all but one are concentrated in Denver or along the Front Range. Fragmentation of services is still prevalent in most programs. A statewide effort to ensure comprehensive services that respond to family needs is how Colorado can best assist families and children at risk.

CHAPTER 3
THE VISION FOR COLORADO'S FAMILIES AND CHILDREN

Colorado needs healthy, strong families in order to be economically viable. The vision for Colorado's families and children is that by the year 2000 all will be healthy and productive citizens. Families will have the capacity to meet basic needs for their individual members and for the family as a unit. Support and resources will be available to the family as it strives to meet these needs through extended family, neighbors, and/or the local community. Values are clearly defined and shared by all family members. Each person will have a sense of positive self-esteem and will have the skill and confidence to form positive, long-lasting relationships. Families will be able to enjoy a quality of life that is of their choosing.

In this vision, all family members have access to quality health care where a complete array of preventive services is available, health problems are identified early, and intervention begins as quickly as possible. Prenatal care begins in the first trimester for every pregnant woman and every young child is appropriately immunized. A preventive lifestyle is emphasized. Individual mental well-being enables all family members to function well in the dimensions of interpersonal relations and role performance (e.g., student, employee, parent). Families have adequate income to provide for a desirable quality of life including funds to cover medical insurance and benefits, quality child care, savings for the future, entertainment, etc., in addition to the basic needs of food, shelter and clothing. Families are able to choose adequate, long-term, affordable housing.

Colorado's vision for families and children is predicated on the notion that investment in the earliest, most vulnerable time of life will result in significant pay-off in later years. To maximize the long term pay-off, all young children will be cared for and nurtured in quality settings that extend the strengths and competencies of the family. Through exposure to high-quality early childhood programs, all young children will enter school emotionally, physically, socially and intellectually ready for the K-12 educational experience.

In Colorado's vision for families and children, it is understood that learning is a life long process and effective learning environments are available to all. All family members will graduate from school with the academic skills and proficiencies necessary to enter the workforce or postsecondary education and training. They will be skilled learners who can confront change, new information and complexity with confidence. With such abilities, family members will be able to move into different careers and make economic, employment, political and personal choices. As workers, family members will have a broad set of skills that enable them to adapt quickly to new technologies, learn new operating methods quickly, and work cooperatively with others.

The vision for Colorado's families and children includes the following elements in four areas.

Colorado families and children will have the social, emotional, intellectual, mental and physical well-being to ensure optimum growth and development.

- *Families and children will be emotionally, socially, intellectually and physically competent - possessing the skills and self-confidence to be successful.*
- *Families and children will have the physical health to grow and develop optimally.*

Colorado families and children will live in a nurturing, stable and safe environment where each individual member's developmental needs are met.

- *Families and children will live in a physically safe and emotionally secure family and community environment.*
- *Parents will have the skills, information and commitment necessary to nurture their children's development.*
- *Colorado families and children will live in adequate and affordable homes.*

Colorado families and children will have the educational achievement, knowledge and skills to lead productive and satisfying lives.

- *Prekindergarten and elementary school students will be developmentally and academically competent to succeed in the educational experience.*
- *Students will graduate from high school with the skills and knowledge to succeed in the workforce or post high school education.*

- *Adults will possess the literacy skills to enable them to participate fully and productively in the communities in which they live and work.*

Colorado families and children will have employment and income sufficient to meet basic family needs and to maintain a reasonable quality of life.

- *Family members will have the competence and flexibility to participate and succeed in the employment market.*
- *Families and children will have adequate health and family support benefits.*
- *Families and children will have sufficient income to live above the poverty threshold.*

CHAPTER 4
THE PLAN: UNDERLYING ASSUMPTIONS

"Once I met a young woman who told me about her pride at having been able to get job training and then a job. Before that she had been living with her three year old son in a car. Now she had an apartment and some hope for the future. She was dismayed, though, that now that she had the job she couldn't qualify for assistance with child care. With no extended family to assist her she felt she had to choose between food and shelter for herself and her little son or child care. She had taught her three year old how to open the refrigerator and get food when he was hungry and how to turn on the television when he was lonely. He stayed by himself all day while his mother went to work."

Bea Romer
First Lady

The Role of the Family

The family serves as an intermediary between the individual and society, providing its members with a sense of continuity and belonging. It is understood that **the family is the most efficient and effective source for rearing children and providing for the needs of its individual members and for the family unit as a whole.**

Families are diverse in their structure, yet all families carry out a set of functions that meet the needs of family members. These functions include security or the ability to provide basic shelter, food, clothing, health care, and economic sustenance. Families also provide nurturance, emotional support, motivation and caring needed by each individual. The family is also responsible for the socialization or transmittal of basic values, beliefs, responsibility and accepted rules of society.

Within the family structure the process of education begins as children learn to think critically, as well as develop attitudes about learning as a life-long endeavor. The family is also the arena in which self-esteem or positive self regard and confidence are passed on to each member. Each develops a sense of belonging, of group identity, of validation that enables all family members to have the belief that the future holds hope and promise. As illustrated in Figure 1, these family functions are cumulative and must be built upon strong foundations.

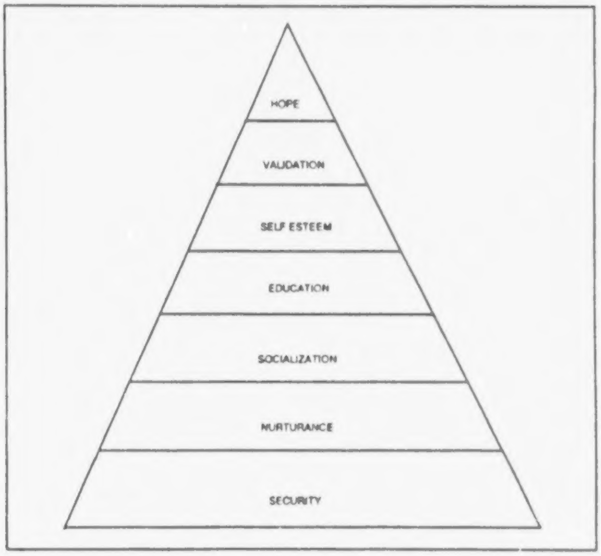


Figure 1. Foundations of Family Functioning

The Role of Government

The development of a government policy for families and children is based upon several assumptions concerning the role of families and the role of government. As one of the first steps in making long term systemic change, state government must look at what it can do to help create an environment in which families can flourish. Programs serving families and children currently constitute a large portion of the state budget. These programs, however, are only available in crisis situations, lack coordination across agencies, and focus on individuals rather than the family as a whole. In some instances (like AFDC and foster care), the programs actually divide families as they substitute for, rather than, support family functioning. Not only are these programs expensive, but too often the results are increased problems and long-term system dependency.

Colorado is ready to make significant reforms in the way it serves families and children. Yet, such reform can be accomplished only when all aspects of society (state and local government, business, funders, and private citizens) recognize the importance of families and children as the key to economic and social productivity. Each unit of society must determine its role in effecting change for families and children and immediately launch an action plan aimed at bringing about that change. It will take partnerships formed at all levels in order to create long term and significant improvements for this important group.

Old ways of looking at families have recognized them as central to society but have also limited the family's opportunity to interact with policy makers. In reality, the family's capacity to function productively is impacted by the interaction of four components. The first component, personal capacity, encompasses the skills, knowledge and abilities that individual family members have that make it possible to function within the family. Second, the kinship and friendship network includes those immediate supports available from friends, neighbors and extended family. The family's capacity to function productively is also impacted by the availability of resources within the local community. Last, the family's functioning capacity is influenced by the policy context of the larger community.

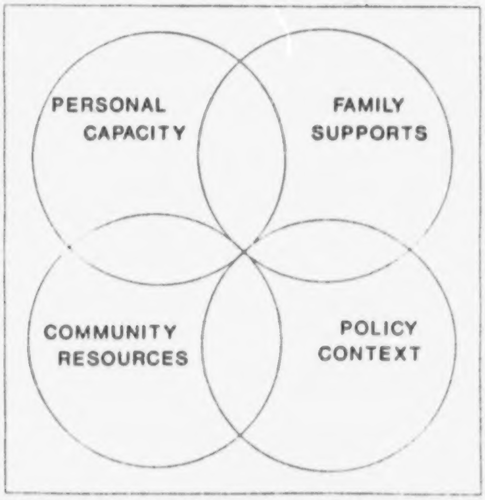


FIGURE 2. INTERACTIVE COMPONENTS OF FAMILY PRODUCTIVITY

The best case scenario is when all four components interact in such a way that families are self-sufficient, drawing upon the resources of friends and kin and the local community when needed. The policies of government should build upon family strengths and promote the right of all families to fully participate in the institutions that affect their lives. They must assure the health and well-being of all family members and promote the stability of the family system. At the same time, policies must respond to the changing needs of contemporary families and respect their privacy, integrity, and diversity.

Redefining Family in Modern Society

The way that government currently tries to help individual family members is too often unsuccessful. These efforts often fail to recognize the significance of the individual's family environment. Such efforts are not designed to enable families to develop solutions to their problems. Strengths of families have not been built upon .

To bring about the necessary changes that will allow the State of Colorado to attain its vision for families and children, a contemporary definition of family must be acknowledged. The structure of families has dramatically changed in the past thirty years. Today, Colorado families are structured in various forms including, but not limited to, single mother, single father, married couple, blended and extended families.

In planning strategically for families and children, the Policy Academy Team developed a contemporary definition of families with children that respects the many ways in which families constitute themselves. That definition describes families as

> **"clusters of interdependent people who have a relationship and are perceived to have or who claim to have primary responsibility for children."**

Families and children are at risk of not leading productive lives when they do not have or cannot maintain an environment that provides the following to the individual or the unit as a whole: health, safety, and security; nurturance; socialization; education; self-esteem; and hope for the future.

CHAPTER 5

THE PLAN: BRINGING ABOUT SYSTEMS CHANGE

Bringing Colorado's vision for children and families to reality will require energy and commitment on the part of state government, local communities and the private sector. This strategic plan, based on Colorado's Policy for Families and Children, contains nine policy goals and five mechanisms to achieve system change. If all elements of this plan are successfully carried out, at the end of five years, in 1995, significant and measurable achievements for children and families should be evident.

Colorado's Policy for Families and Children Supports and Strengthens Families

"The vitality and productivity of Colorado depends on the strength and well-being of its families and on the appreciation of the unique role of children in our society. The goal of Colorado's family policy is to support, strengthen and promote successful family functioning and to form strong partnerships between families and private and public systems through assurance that policies and programs:

* recognize the strength of family ties;
* recognize the diversity of Colorado families;
* support family stability and unity (cohesion);
* support not supplant family functioning;
* treat families as partners when providing services.

Family needs cut across organizational and public and private sector boundaries. A system to support families must include intergovernmental cooperation and the community based alliance of state and local governments and the private sector."

System Problems Identified

Several systemic problems have been identified that have bearing on government's capacity to assist families in achieving the vision and goals related to education, mental and physical well-being, employment and income, and safe and nurturing environments. These problems present significant barriers to carrying out the Colorado Policy for Families and Children. Specifically, these problems are:

- the vision for Colorado families and children is not held in common by all stakeholders (i.e., legislators, local elected officials, government agencies, the general public).
- existing policies and practices in state government do not necessarily consider positive impact on family functioning.
- a mechanism does not exist that ensures the long term implementation of a coordinated, integrated, family-centered service delivery system emphasizing prevention and early intervention.
- many local communities have not adopted a multi-dimensional approach to at-risk families and children.
- local communities are constrained by State and Federal requirements that prevent blending of resources for community based, family centered services.
- the state budgeting process is not based on an overall plan for families and children.
- data collection methods are limited to the individual client interfacing with a single agency.
- the state accountability system is not outcome oriented.

Recommended Policy Goals and Objectives for System Wide Change

Policy Goal 1.

Develop a shared vision among all stakeholders including elected officials, state and local government agencies, the private sector and the general public.

Objectives

1.1 Disseminate the Strategic Plan around the state and facilitate community meetings to discuss and develop a local vision for families and children.

1.2 Encourage local communities to strategically plan for the needs of families and children and provide technical assistance when requested.

Policy Goal 2.

Ensure that all family and child related policies, statutes, rules, regulations, practices, procedures and legislation are consistent with the standards determined by the Colorado Policy for Families and Children.

Objectives

2.1 Establish a family impact analysis requirement for policies, statutes, rules, regulations, practices, procedures and legislation.

2.2 Conduct family impact analyses at state and local levels to determine the consequences of government action on family functioning.

2.3 Recommend changes in policies, statutes, rules, regulations, practices and procedures to facilitate positive impact on family functioning.

Policy Goal 3.

Ensure that human service systems have sufficient flexibility to meet the multiple needs of families and children by beginning to remove institutional barriers related to categorical funding and eligibility requirements.

Objectives

3.1 Work with federal agencies to experiment with removing categorical funding and eligibility requirements, and constraining reporting.

3.2 Pilot community based Family Centers as a mechanism for experimenting with and refining policies and practices that coordinate service delivery to families.

3.3 Develop legislation to remove impediments to flexibility in meeting the needs of families and children.

Policy Goal 4.

Ensure that efforts to prevent problems begin as early as possible in order to maximize the benefits to society, its children and families.

Objectives

4.1 Develop an accountability system that measures the impact of prevention and early intervention on overall ability to function productively in family and society.

4.2 Preserve the integrity of such well established, cost efficient preventive approaches as prenatal care, well-child health care, early screening and diagnosis, and preschool education.

Policy Goal 5.

Integrate and prioritize state planning and budgeting to achieve a coordinated, integrated service delivery system to families and children.

Objectives

5.1 Develop a comprehensive baseline budget which describes the scope of resources being targeted toward services for families and children.

5.2 Beginning in FY 1992-93, submit a comprehensive Families and Children Budget that prioritizes the way in which new funds are to be allocated.

Policy Goal 6.

Establish communities as the focus of service planning and delivery for children and families and provide services in the most natural environment possible to maintain the family's integration within the community.

Objectives

6.1 Use funding, including categorical funding, to assess and address the needs of the individual client's family as well as the specific needs of the client.

6.2 Define services based on family and child need rather than on program rules and requirements.

6.3 Emphasize the individual client as a member of a family with familial needs.

6.4 Develop public/private partnerships to provide a more effective service delivery continuum that integrates families into the community.

Policy Goal 7.

Ensure a more coordinated and efficient service delivery system by establishing a single entry point for access to services.

Objectives

7.1 Experiment with methods of simplifying access to services through the pilot Family Centers.

7.2 Pass legislation that allows for shared data across core human service agencies.

7.3 Design and implement a management information system that is coordinated across core human service agencies.

Policy Goal 8.

Establish a state accountability system based on key outcome indicators for children and families.

Objectives

8.1 Develop and implement a data collection plan that measures outcomes, is able to depict the multi-dimensional nature of family circumstances and holds systems accountable for effective performance.

8.2 Make statistical data available to private concerns so that reports can be published that reflect baseline and updated data on the status of families and children and that reflect the economic and social importance of investments in prevention and early intervention.

Policy Goal 9.

Develop a human service work force with the skills and knowledge to work effectively with families and children to improve their capacity to function in a productive and healthy manner.

Objectives

9.1 Work with post-secondary and higher education institutions to develop pre-service and in-service programs to prepare human service professionals (including teachers, health care providers, social workers, child care providers, mental health workers, etc.) to work with families in family-centered, community based, multi-discipline approaches.

9.2 Require all students in human service educational programs to volunteer or intern in programs for families and children.

9.3 Require all workers to engage family members in the planning and selection of prevention or treatment options.

Five Key Mechanisms to Achieve Change

The key to creating a policy context in which families can flourish is making basic changes in the way government does business. Five mechanisms for bringing about this change will be utilized. These include a Commission on Families and Children, A Families and Children's Budget, an Accountability System, Community Action Plans, and Comprehensive Family Centers.

KEY Mechanism # 1

The Commission on Families and Children Will Recommend Changes

The Commission on Families and Children was established by Governor Romer in October, 1990. He appointed the directors of several state agencies (Department of Social Services, Department of Institutions, Department of Health, Department of Education, Governor's Job Training Office, Office of State Planning and Budgeting, and Colorado Commission on Higher Education) to the Commission. In addition, individuals representing state and local government and the private sector also serve on the Commission. Cultural, geographic and gender diversity was taken into account.

The Commission is charged with advising the Governor in the development of policies and positions on families and children and in developing innovative applications of that policy. Specifically, the Commission will:

- provide a crucial link between government and the private sector.
- review and evaluate all existing and proposed state policies on families.
- make recommendations on a Families and Children agenda and budget.
- make recommendations on a state accountability system.
- participate in regional forums to gather input to the Strategic Plan for Families and Children and develop a broad base of support.
- develop a model of Family Centers to be piloted around the state.

The Commission is staffed by a Families and Children Team in the Governor's Office and consists of two Co-Team Leaders (the Deputy Director of Policy and Research and the Director of Families and

Children Initiatives); a Senior Family Policy Consultant; a Budget Analyst; an Accountability Specialist; two Early Childhood Specialists; and a Research Assistant. Initial funding for the Commission has been secured through private sector efforts.

KEY Mechanism # 2

A Families and Children Budget Will Prioritize Spending

The development of a Families and Children Budget will make it easier to evaluate what the state currently spends on services to families and children and measure how effectively it spends those dollars. It will also enable the state to move more effectively toward a families and children agenda. The development of this budget is a two-step process.

The first step in producing a Families and Children's Budget will be the development of a baseline budget of spending for existing services. As new programs are developed, or existing programs are coordinated, their impact on the existing programs and services can be measured againist the baseline. An important part of generating this baseline budget will be classifying programs by whether they focus on prevention, crisis intervention or treatment.

The second step in the budget process will be the creation of a program oriented Families and Children Budget. Program budgeting, as opposed to the current budgeting done by department, will focus attention on evaluation of investments made with existing resources. It will also focus attention on evaluating the effectiveness of reinvesting existing resources to achieve the greatest long term cost effectiveness. Since existing programs are housed in many different agencies, it is difficult, under the current budget process, to see how an expansion in one department could save money in another. A unified program budget makes such an analysis much easier and straightforward.

A program-based budget may lead to a discussion and analysis of the benefits of departmental reorganization of the services Colorado provides to its families and children.

KEY Mechanism #3

An Accountability System That Measures Outcomes

Closely tied to a Families and Children budget is the development of a state system of accountability that focuses on outcomes for families, rather than on process measures. For example, child welfare programs typically measure the number of clients in different programs - foster care, group homes, family treatment, adoption assistance - and the per client cost of those programs. The new accountability system would measure instead the success of the program in helping the child and/or family.

Involved in the creation of this accountability system are three primary tasks:

- collection and analysis of the program and outcome measures that currently exist;
- development of new outcome measures where they do not currently exist.
- development of a data system that can identify children and families through programs, across systems, and measure outcomes for families and children.

A proposed list of outcome measures includes low birth weight rate, immunization rate, rate of preventable childhood illness, accident rate, juvenile crime frequency, domestic violence frequency, child abuse rate, homelessness, child support collections, poverty rate, suicide rate and educational achievement levels. Additional measures not typically considered, but of great significance, include neighborhood safety, developmental competence and parental ability.

KEY Mechanism # 4

Family Centers Will Pilot Policy Changes

Family Centers will be piloted in selected sites across the state. These Centers are multi-agency, collaborative efforts to provide comprehensive, intensive, integrated and community-based services to families at risk. They will serve as single points of entry for services. The vision and direction for the Centers will be set by the Commission on Families and Children but local communities will retain maximum flexibility in the delivery of services and will provide a governing structure that meets state guidelines.

The service emphasis of the Family Centers will be on strengthening family functioning. A primary strategy of the Centers is to use family advocates as case managers. These family advocates must be immediately accessible and responsible to the families. Local communities may choose to have family advocates begin working with families at the birth of a child.

Following is a proposed list of services the local communities might select as services to make available to families. It should be viewed as a partial list of suggestions:

- parenting education and relationship classes.
- transition classes for family members returning from a correctional setting back into the community.
- family resource schools linked with the Family Center.
- early childhood care and education for all youngsters under the age of six.
- before and after school care for 6 -12 year olds.
- screenings and assessments of children at critical milestones to determine developmental competence and possible need for intervention.
- linkages to local businesses to provide mentoring programs to students in elementary, junior high and high school.
- "parents as first teachers" type programs that are directed toward improving parental competence and confidence.
- family advocacy approach that includes assisting children, youth and parents in accessing community resources and with getting through the "system."
- early intervention services for infants, toddlers and preschoolers.
- well-child check-ups and basic health services.
- community based services aimed at prevention of teen pregnancy.
- comprehensive health education and accident prevention programs.
- family literacy programs and GED classes.
- personal health and fitness programs.
- job training for youth and adults.

The Commission on Families and Children will develop a funding strategy to start up the Family Center pilot programs. A request for proposals will be issued sometime in 1991 and several local communities will be selected as demonstration sites.

Key Mechanism # 5

Strategic Plan Involves Local Community Action to Achieve a Vision

Local communities must play an integral role in the support of families and children and have a central part in this Strategic Plan for Colorado's Families and Children. The Commission on Families and Children will provide the link with communities statewide. Communities will be involved with the development and implementation of the Strategic Plan through participation in regional forums and the development of localized action plans.

During the winter and spring of 1991 the Governor and the Commission on Families and Children will participate in forums in selected locations across the state. During the forum, the Strategic Plan will be presented to the community and dialogue concerning the plan will be invited. Each community will be encouraged to identify its strengths in relationship to families and children, as well as its needs. To ensure that the vision for families and children is acheived, it is hoped that local communities will develop their own action plan. It is critical that all constituencies be represented in the regional forums and in the development of local action plans - the business community, service organizations, advocates, service providers, local government, educators, elected officials, media, funders, the elderly, and families themselves. The Commission on Families and Children will offer technical assistance to those communities requesting help in developing a local action plan.

With total community involvement and by placing families and children at the top of every one's list of priorities, the vision for families and children can become a reality. Colorado will prosper and flourish as long as its families prosper and flourish.

For further information and/or assistance, contact:

Donna Chitwood
Co-Team Leader,
Families and Children Team
Governor's Office
136 Capitol Building
Denver, CO 80203
1-303-866-2974

OR

Barbara McDonnell
Co-Team Leader,
Families and Children Team
Governor's Office
136 Capitol Building
Denver, CO 80203
1-303-866-2155

APPENDIX A

STATUS OF COLORADO'S FAMILIES AND CHILDREN A REPORT PREPARED FOR THE POLICY ACADEMY ON FAMILIES AND CHILDREN AT RISK

THE STATUS OF COLORADO'S FAMILIES AND CHILDREN
A REPORT PREPARED FOR THE POLICY ACADEMY ON FAMILIES AND CHILDREN AT RISK

On any given day in Colorado...

- 935,141 people are without health insurance (about one third of those are children under the age of 18).
- 475,000 adults are illiterate.
- 81,130 families with children under the age of 18 are living in poverty.
- 58,480 low income families with children under 18 live in inadequate, unaffordable housing.
- 194 crisis calls are made to shelters for victims of domestic violence.
- 123 youth are arrested.
- 51 couples divorce.
- 31 adolescents drop out of school.
- 20 children are abused or neglected.
- 16 babies are born to teen mothers.
- 11 babies are born weighing less than 5.5 pounds.

  and
- One child dies before his/her first birthday.

In order to plan public policy which can complement and sustain family functioning it is important to begin with an assessment of the current status of children and families in the state. A truly accurate profile would look at the interaction of multiple dimensions (e.g., employment, child care , education, housing, etc.) in relationship to overall family functioning. For example, questions might be asked about the health status of single fathers who are chronically unemployed or the incidence of substance abuse and homelessness among the parents of high school drop outs.

Current methods of data collection in Colorado, however, do not allow for such analysis. Data does not exist that illustrates the combined effects of several risk factors on the family's capacity to function productively.

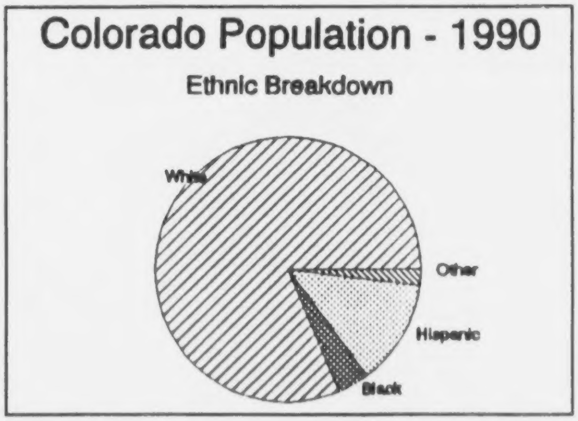
Because of the lack of interrelated data, separate data sources were compiled to develop this composite picture of Colorado's families and children. This report represents an attempt to analyze their status using the dimensions available.

An Overview of Colorado's 400,000+ Families

Colorado's population for 1990 is estimated at 3,417,878,[1] making it the twenty-sixth most populous state in the country.[2]

The racial/ethnic breakdown of the state's population is: 81.4% White, 12.8% Hispanic, 3.9% Black, 1.2% Asian and .7% American Indian. Approximately 28% of the population falls into the age 18 and under category.[3]

There are about 402,726 families with children under 18 in Colorado.[4] Approximately 83% of these families are headed by married couples and 15% are headed by single females.[5]

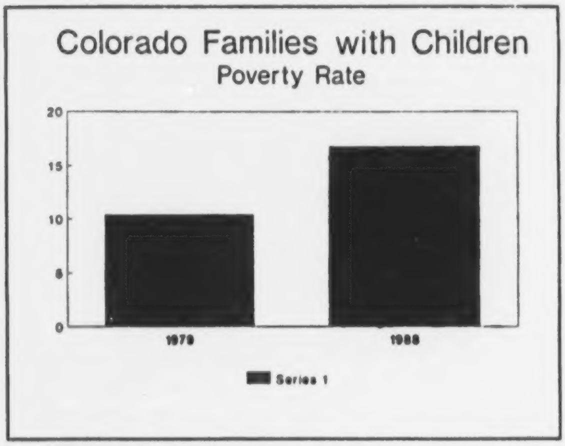


Poverty, employment, child care, education, housing, physical and mental health, and overall family functioning have been chosen as important variables to look at in order to determine the status of children and families in our state. These measures indicate the potential of children and families to lead healthy and productive lives. The nature of the present data collection system necessitates reporting predominantly measures of negative variables. It is hoped that as Colorado moves to an emphasis on family strengths, the data collected will reflect this perspective.

Poverty: The Greatest Risk Factor for Families

Research has demonstrated that it is the interaction of risk factors with one another that produces damaging outcomes for children.[1] These risk factors combine to produce a destructive impact over time. The informal support from family and friends that could buffer the impact of risks may be insufficient to buffer the many risks faced by poor children. In addition to lacking economic resources, some poor parents may lack the personal resources (education, knowledge, and skills) and social resources to be effective parents.[2] Just as poverty exacerbates risk factors, middle class status and the opportunities it affords act as a protective shield against a variety of risk factors.[3]

While multiple factors can place a child or family at risk, poverty is a major factor that appears to set other risk factors in motion. Children growing up in families that are poor face the greatest chance of damaging outcomes. Poor children are more likely than nonpoor children to: be born at low birth weight, have poor nutrition and health care, live in unaffordable and substandard housing, be victims of child abuse and neglect, and be low achievers and eventually drop out of school. They are also more likely to: engage in criminal behavior, become unmarried teen parents, become welfare dependent and, if they are employed, earn less.[9] In 1990, the poverty line is $ 10,560 for a family of three and $ 12,700 for a family of four.[10] Even families with incomes at 150-250% of poverty may not be able to afford basic necessities.



Although children are less likely to be poor if their parents are employed, employment is no guarantee that families will be protected from poverty. In 1979, the majority (59.8%) of poor families living in the Denver-Boulder area worked.[11] Even working full-time at a minimum-wage job may not succeed in bringing the family's income above the poverty line. Minimum wage employment paid only 77% of the poverty line for a family of three and 60% for a family of four in 1987. Even the recent increase in the minimum wage from $3.35 to $3.80 per hour is not enough to significantly impact poverty rates.[12]

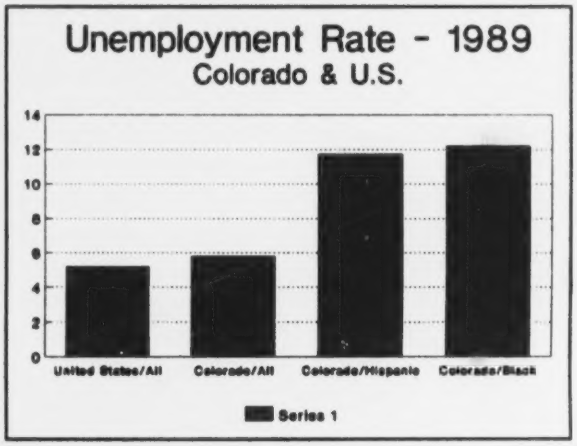
It is estimated that poverty in Colorado for families with children under age 18 has increased dramatically in the 80s: from 10.4% in 1979 [13] to 16.8% in 1988.[14]

Female-headed families with children are particularly at risk of being poor. In 1979, nearly half of all poor families were headed by women and one-third of all female-headed families were poor. Minority female-headed families face the greatest risk.[15]

A partial explanation for the extent of poverty in female-headed families is that Aid to Families With Dependent Children (AFDC) benefits are not sufficient to raise family income above the poverty line. In 1988, the maximum annual AFDC benefit for a family of three in Colorado was $4,272 or 45% of the poverty line.[16] This income is inadequate to cover the cost of basic necessities such as child care, which is necessary to seek and maintain employment.

Adequate Employment: Crucial to the Family's Health and Well-being

Because of the many risk factors and social problems associated with being poor, adequate employment is critical to the health and well-being of families. After Colorado entered a recession in 1986, the unemployment rate climbed. Unemployment in Colorado peaked early in 1987, and has been steadily dropping ever since. In 1989, Colorado's unemployment rate was 5.8% compared to the U.S. rate of 5.2%. It is only in recent months that Colorado's rate dropped below the national rate. In May 1990, the Colorado rate was 4.9% while the U.S. rate was 5.3%.[17]



Although overall unemployment has declined, this figure masks the high unemployment rates experienced by minorities. In 1989, while the overall unemployment rate for those 16 and older was 5.8%, for Blacks it was 12.2% and for Hispanics it was 11.7%.[18]

Colorado's youth experience even higher rates of unemployment, although rates are improving: the unemployment rate for teenagers between the ages of 16-19 was 18.4% in 1988,[19] but dropped to 15.1% in 1989.[20] Although the teenage unemployment rate is much higher, it follows a pattern similar to the adult rate with Blacks, Hispanics, and Native Americans experiencing higher unemployment.

Further, the duration of unemployment is lengthy. Colorado ranks 47th in the nation in terms of the percentage of those remaining unemployed for 27 weeks or more.[21]

Child Care: A Necessity for Today's Working Families

Child care is a necessity for the growing number of families that have mothers with young children participating in the labor force.

The percentage of all Colorado women who work and have children under six has grown steadily from 46.4% in 1980[22] to 56 % today, a percent change of nearly 22%.[23]

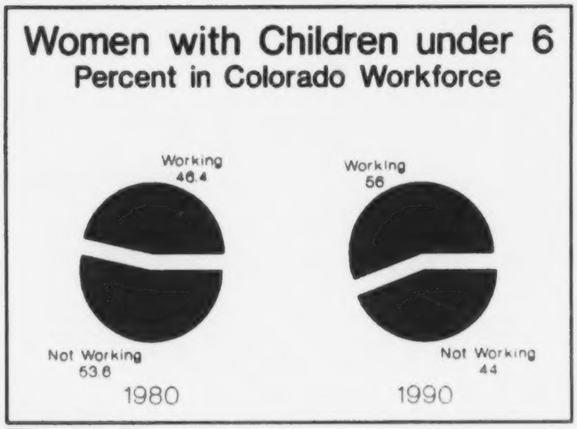
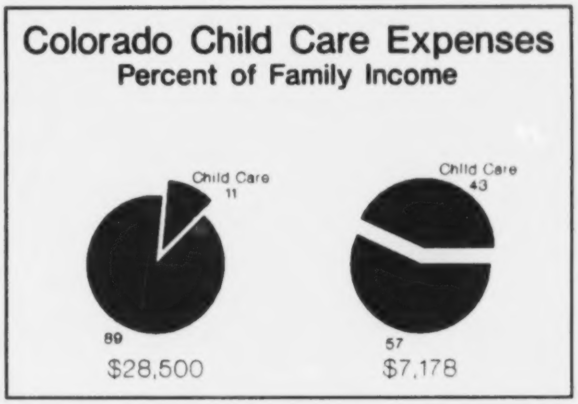


Figure 4

High quality child care is vital to the well-being and healthy development of the children of working parents and parents enrolled in training and self-sufficiency efforts. It is also critical that this care be available and affordable to parents. Therefore, child care in Colorado will be reviewed by looking at the components of availability, affordability and quality.

Licensed capacity for child care centers is estimated at 81,000 full day spaces and 13,000 part day spaces.[24] The Census provides data on the number of working women with young children, but not on the number of children needing child care. A study completed at the University of Colorado at Denver estimated that there are 85 licensed spaces for every 100 children needing care. This appears to imply no major shortage of care, but there are regional differences. In 21 counties characterized as "highest availability", the need for child care is either met or closely met by licensed care. Many of these counties are located along the Front Range or in counties with ski resorts. "Medium availability" describes 27 counties where there is at least a moderate shortage of licensed care. Included in these counties are five of the ten largest counties of the state: Denver, El Paso, Adams, Pueblo and Weld. The "lowest availability" is found in 15 counties mainly in the southern part of the state. Further analysis showed that counties short of child care spaces were more likely to be rural than urban, and were more likely to have a large non-Anglo proportion of the population.[25]

Infant care in Colorado is in short supply. It is estimated that statewide there are 41 licensed spaces for every 100 infants needing care.[26] Mile High United Way's Child Care Resource and Referral Service estimates that there is one opening for every four calls they receive requesting infant care.[27] In addition, there is very limited availability of "odd-hours" care (evening, overnight and weekend hours) and care for mildly ill and special needs children.[28]



Affordability of child care is a significant problem for low-income families. Parents requiring child care spend approximately $260 per month or $3,120 per year, per child on child care.[29] While a family with one child and an annual income of $28,500 would spend 11% of their income on child care,[30] a single parent with one child, working full-time at minimum wage at an annual income of $7,176 would spend 43% of her income on child care.[31] At this level, child care costs can endanger family well-being and are a major obstacle to the labor force participation of poor women.[32]

In Colorado, there is some assistance available to families through state or federal subsidies or sliding income fees. In 1989-90, there were 9,454+ publicly-funded child care slots.[33] The amount available, however, does not meet total need. This problem becomes more complex for the parent who receives financial assistance with child care through the Colorado Department of Social Services. Since the average state child care reimbursement is approximately 20% below current market rate, many child care providers cannot afford to accept low-income children resulting in an increasing shortage of licensed options for these children.[34]

Although all children should have access to **quality programs** often associated with trained staff, small group size, and generous child to staff ratios, such programs are difficult to find. Low pay ($6,808-$10,342 annual salary) and inadequate benefits for child care workers further compromise quality.[35] As the turnover rate increases within the profession (40-45% annually)[36], operators and owners find themselves unable to recruit and retain the qualified early childhood staff essential to maintaining a high quality child care program.

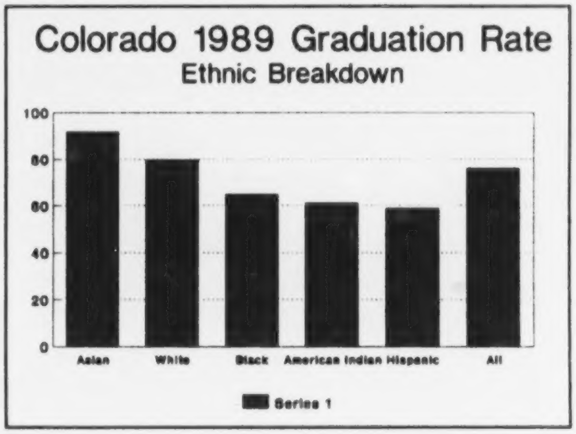
Generally, child care in Colorado is available with two important exceptions: 1) there is a shortage of infant and specialty care statewide, and 2) there is a shortage of licensed child care primarily in the rural, southern portion of the state. A statewide system of data collection could be instituted to monitor the availability of child care in the state.[37]

Education: The Key to Future Employment and Earnings

There is a close relationship between educational status and employment and income. Parents who have not completed high school are less likely than parents who have more education to be employed regularly, or at all. They are also likely to earn less when employed.[38] There is a close relationship between the educational level of parents and child poverty. In 1987, the poverty rate was 62% for children under six whose parent or parents had not completed high school. This rate dropped to 19% for children in families where the better educated parent was a high school graduate and to 4% for children in families where the better educated parent had some post-secondary education. Higher levels of education are associated with lower levels of poverty for all racial and ethnic groups.[39]

Assessing the educational status of Colorado residents involves looking at the following components: **post-secondary education**, high school education, and adult illiteracy. In 1980, 23% of adults age 25 and older held college degrees making Colorado first in the nation in terms of educational attainment. Until recently, Colorado has benefitted from high in-state migration of individuals with college degrees. Because trends have reversed and net migration is negative, Colorado may be losing many of its well-educated residents.[40]

Minorities are underrepresented in public post-secondary education. Although minorities comprised 18% of the population in 1987[41], they represented 12.4% of individuals enrolled and only 8.5% of college degrees conferred by public universities.[42]



Many individuals in Colorado are not completing high school. The **graduation rate** represents the number of students graduating as a percentage of ninth grade enrollment four years earlier. The graduation rate decreased from 76.5% in 1987-88 to 75.9 in 1988-89. Graduation rates in Colorado over the past twenty years peaked in 1972 at 84.8% and were lowest in 1989 at 75.9%. Colorado's graduation rate has shown a pattern similar to the national rate, except for the fact that Colorado rates were 3 to 10 percentage points higher. Those at greatest risk of not graduating from high school are Hispanic students with a graduation rate of 58.9%, and American Indian and Black students, with a graduation rate of 61.1% and 64.9%, respectively.[43]

The **dropout rate** is the percentage of students who leave school during a single year. It is important to include alternative schools when examining the drop out rate because alternative schools contain a large number of high-risk students. While the overall dropout rate for grades 10-12 (including alternative schools) was 6.8% in 1988-89, for American Indians it was 12.3%, for Hispanics it was 11.9% and for Blacks it was 10.8%.[44]

There is no common agreement on how **literacy** is defined. The Colorado Adult Literacy Commission has recommended that the state establish an eighth grade reading and math level as a minimally acceptable level for adults. It is estimated that there are 475,000 Colorado adults (14.4%) who are not literate beyond the eighth grade level. This figure includes high school graduates as well as nongraduates.[45]

A review of the educational data for Colorado leads to mixed findings. Although the educational attainment level of Colorado residents is generally high, it masks the underrepresentation of minority students in higher education, the high percentage of American Indian, Hispanic and Black youth who do not graduate from high school, and the large number of illiterate adults. Individuals who do not complete high school or who are illiterate face many obstacles in competing for jobs and in performing their roles at work, at home and in society. **Colorado will need to improve its record with minority youth and the basic literacy of adults if it is to be competitive in the future.**

Adequate and Affordable Housing: A Basic Necessity

A family's inability to maintain itself in an adequate and affordable home increases its vulnerability to risk. Housing instability and transiency negatively impact family members in terms of their physical and mental health, employment, and education, as well as family functioning as a whole. Changing schools, particularly during the school year, is likely to impede a child's learning and school performance. Finally, having an adequate and affordable home is a basic element in families moving out of poverty towards self-sufficiency.

The housing status of Colorado's citizens will be addressed by looking at the issues of affordability and adequacy (safety, cleanliness, adequate space, adequate structure, e.g., plumbing), and how these issues relate to at-risk families, including farm workers and the homeless. There are approximately 24,767 **federally subsidized housing** units in Colorado, including those operated by local housing authorities. To live in these units, families must have an income not exceeding 50% of the median, or $17,500. The number of subsidized units falls far short of the need for affordable housing in Colorado. In 1990, it is estimated that there are 58,480 families with children under 18 and incomes below $17,500 who do not have adequate, affordable housing.[46]

Historically, the federal government has been the provider of subsidized housing for low-income families. However, in the past decade the federal housing program has experienced drastic cuts in funding. **The number of poor renter households not receiving any federal subsidy grew from approximately 4 million in 1979 to 5.4 million in 1987. As of 1988, fewer than one in three poor families received assistance from federal housing programs.**[47]

Public assistance (AFDC) is the sole income source for many families with incomes at or below 25% of the median, or $8,750. AFDC income is not adequate to enable these families to afford housing in the private sector. For example, fair market rent for a two-bedroom unit in the Denver-metro area is estimated at $451 while the AFDC grant for a family of three is only $356.[48]

The majority of households in need of adequate, affordable housing are located in the urban areas along the Front Range from Greeley to Pueblo. Although major metropolitan counties experience the greatest absolute number of households in need, rural counties experience the greatest relative need (households in need relative to total number of households in the county). Relative housing need in the rural counties is concentrated around the San Luis Valley, which has a large proportion of low-income households.[49]

Lack of adequate and affordable housing for seasonal and migrant **farm workers** in Colorado is also a concern.[50] The main difference between the migrant and seasonal farm worker populations is that the migrants work in an area for only part of the year and then move on or return to a home base outside the state, while the seasonal workers live in the area on a year-round, permanent basis. Most migrant farm workers have a permanent residence in Southern Texas, Arizona or New Mexico.[51] Approximately half of the state's seasonal workers are employed in northern Colorado.[52]

Housing for migrant farm workers and their families was deemed "extremely inadequate and unaffordable" in both the San Luis Valley and northern Colorado.[53] Severe overcrowding characterizes most migrant family housing where families are forced to double-up because of the lack of affordable units. Local rental housing is usually not accessible to migrants because of damage deposit requirements and because some landlords refuse to rent to migrants (citing excessive costs related to high turnovers).[54] The housing that is available may be substandard in terms of safe and sanitary conditions.[55]

During the 1980s, **homelessness** has increased in our country. Included among the new ranks of the homeless are families and children. Families comprise 26% of the homeless in Colorado.[56] The annual prevalence of homelessness is the overall number of persons who experience homelessness sometime during the year.

Assuming a three-person family, this translates to an annual prevalence of 1,031 homeless families in Colorado.[57]

The combination of incomes too low to meet the cost of housing and the lack of subsidies to meet those in need is the crux of the housing problem. These factors may also be precipitating the rise in the number of homeless families. Because the federal government has drastically reduced its funding for housing programs, alternative funding sources must be found.

Physical Health: Children Deserve a Healthy Start

Good health care plays an early and critical role in the well-being and development of children. **Health problems can represent significant risk factors by interfering with the development of healthy relationships within a family and by interfering with learning and early success at school.**[58]

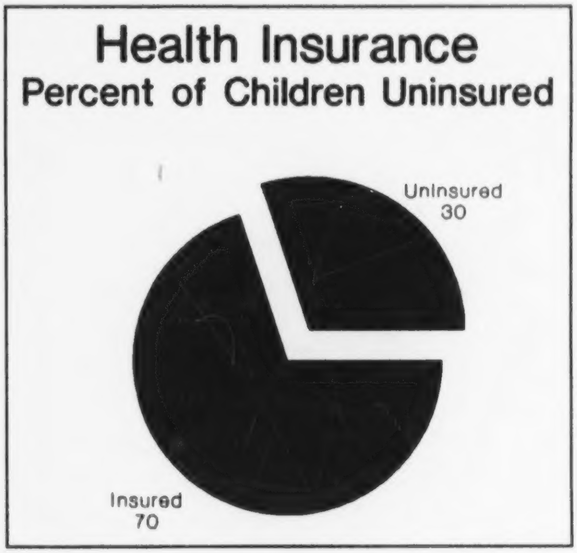
The health status of Colorado's children and families will be determined by reviewing key health indicators or benchmarks for children, access to health care and the primary causes of death in children. Looking at key health benchmarks can give one a picture of the physical well-being of Colorado's children, and is an indication of whether the state has adequately invested in prevention.

The **infant mortality rate** is the number of infant deaths per 1,000 live births. In 1988, the Colorado infant mortality rate was 9.5 compared with the U.S. rate of 9.9.[59] In 1989, Colorado's infant mortality rate dropped to 8.7 (459 infant deaths), the second lowest rate ever recorded in the state.[60] Since 1980, the infant mortality rate in Colorado has fluctuated between a low of 8.6 in 1986 (the lowest rate ever recorded in the state) to a high of 10.2 in 1984.[61]

Despite the widely recognized importance of **early and regular prenatal care and adequate nutrition** for a healthy birth, Colorado's progress in these areas is poor. In 1987, the percentage of women receiving inadequate prenatal care was 27.5%.[62] In other words, only about 72% of Colorado women were receiving proper prenatal care. The federally funded WIC (Special Supplemental Food Program for Women, Infants, and Children) nutrition program was only serving 63% of those who were eligible.[63]

Inadequate prenatal care and poor nutrition are factors associated with **low birth weight babies** (weighing 5.5 pounds or less at birth). Low birth weight infants are at increased risk of lengthy hospital stays, physical and developmental complications and death. In 1987, Colorado's percentage of low birth weight babies was among the highest in the nation at 7.9%, well above the national average of 6.9%.[64] In 1988, the percent of low weight births dropped slightly to 7.8%,[65] which was still 1% above the national average of 6.8%.[66]

The **immunization status** of Colorado's children is another indicator of the state's commitment to preventive public health. In 1987-88, the percentage of children fully immunized before age two ranged from 54.6% to 59.1% falling far short of the Surgeon General's goal of 90% of two-year-olds immunized by 1990.[67]



In a survey conducted for the Colorado Trust by Louis Harris and Associates, almost one in four Colorado adults report that at some time during the previous year they did not have **health insurance.**[68] National data confirms that the largest group among the uninsured are children. In 1985, 30% of poor children under six (1.5 million children) were not eligible for Medicaid and were not covered under any health insurance plan.[69] Although more Coloradans in the Colorado Trust survey report having Medicaid than did a national sample, having Medicaid does not ensure access to care because of the limited number of physicians accepting Medicaid patients. For instance, during an average month in 1988 there were only 15 OB/GYNS and 80 pediatricians taking new Medicaid patients.[70]

While the leading cause of death for Colorado infants are conditions originating in the perinatal period (at or about the time of birth), **accidents** are the leading cause of death in Colorado for children and young adults. Accidents account for 27.5% of deaths in children ages 1 to 4, 51% of deaths in children ages 5 to 14, and 47.8% of deaths in adolescents and young adults ages 15 to 24. Suicide is the second leading cause of death for individuals between the ages of 15 and 24, accounting for 23.9% of deaths.[71]

The **suicide rate** represents the number of deaths per 100,000 population. Colorado's suicide rate is consistently above the national rate. In 1988, the Colorado suicide rate was 18.1 compared to the U.S. rate of 12.3. In 1987, the most recent year state rankings are available, Colorado had the seventh highest suicide rate in the country.[72]

In 1988, the **suicide rate for teens** between the ages of 15-19 was 17.8 deaths per 100,000 population (44 deaths). This is the second highest teen suicide rate since at least 1970, which is the earliest year data are available.[73] Males between the ages of 15-24 appear to be at particular risk. The suicide rate for this age group in

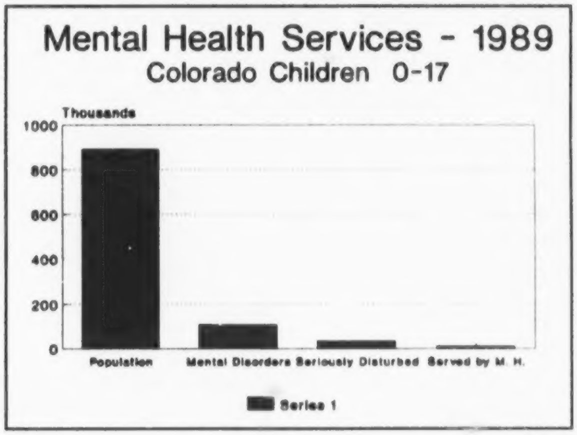
1988 was 20.6 deaths per 100,000 population. This rate represented 107 deaths, 83 of which were males.[74]

The preceding leading causes of death in children and youth as well as measures on the key health indicators lead to the conclusion that **Colorado could improve the health of its children and families by improving access to basic health care, by increasing the number of women receiving nutritional supplements through WIC, and by public health education about the importance of preventive health care** (including the prevention of accidents in young children and suicide prevention in youth).

Mental Health: Too Many Children Are Going Without Services

The mental health or well-being of children refers to their ability to think, feel, learn, communicate and form social attachments. Unfortunately, mental disorders rather than measures of well-being are commonly used to indicate the mental health status of children. The mental health status of children will be evaluated by looking at estimated mental health need in Colorado and primary problem areas of functioning for children and adolescents in the public mental health system.

According to the Institute of Medicine, at least 12% of America's children suffer from diagnosable mental conditions (emotional, behavioral and developmental disorders).[75] The prevalence of mental disorders is substantially greater among the poor who have less access to appropriate mental health services than middle- and upper-class families.[76]



The Colorado Division of Mental Health estimates the need for mental health services for individuals with severe emotional disturbances, characterized by significant impairments in functioning for an extended length of time.[77] In 1989 there were 24,508 children (ages 0-11) and 10,520 adolescents (ages 12-17) who were severely emotionally disturbed and in need of care.[78] This accounted for 3.9% of the child population and 3.9% of the adolescent population in the state.[79]

Using the Institute of Medicine's estimate of 12%, there would be an additional 8.1% or 50,602 children and 21,722 adolescents suffering from other mental disorders, for a total of 75,110 children and 32,242 adolescents in need of mental health services in 1989 (total figures include severely emotionally disturbed).[80] The public mental health system served 4,895 children and 6,447 adolescents in 1989,[81] representing only 6.5% of children and 19.9% of adolescents estimated to be in need.[82] The public system is touching only a fraction of those in need, and children under age 12 are most vulnerable to being underserved.

It is important to emphasize that children and adolescents with severe disturbances and other mental disorders are served by public systems other than the Division of Mental Health (Division of Youth Services, Division of Developmental Disabilities, Department of Social Services, Special Education), as well as the private sector. The exact number of children and adolescents being served for emotional, behavioral, and developmental disorders is not known for the public sector or the private sector.

A review of statistics based upon child and adolescent admissions to the public mental health system for 1989-90 suggest a relationship between family dysfunction and the development of mental health problems in children. These data are part of a clinical evaluation completed for each child and adolescent in the public mental health system. Child abuse is a significant problem facing the children in the public mental health system: 32.3% of the children and 36.8% of the adolescents had been physically abused, and 23.7% of the children and 25.5% of the adolescents had been sexually abused at some point in their lives. There were alcohol or drug abuse problems at some point in time in the family for 50% of the children and 51.2% of the adolescents. Family violence was a reality for 36.1% of the children and 33.5% of the adolescents. The major factor that these children had in common was family instability: it characterized 69.9% of the child families and 67.4% of the adolescent families.[83] Family instability is defined as having these characteristics: 1) family in crisis, 2) multiple problems, 3) significant discord and 4) lack of cohesiveness.[84]

The public mental health system needs to focus more of its services on children and adolescents in an attempt to reach those who are currently not receiving any kind of mental health services. Further, it appears that the presence of family dysfunction (instability, violence, substance abuse) places a child at great risk of developing mental health problems. This information makes a strong case for an approach to mental health services which attempts to enhance family functioning.

Family Functioning: Indicators of Dysfunction Cut Across Economic Boundaries

Healthy family functioning enables individual family members to lead positive and productive lives. Competent families function as they do because of the interrelationship of a number of qualities: 1) a sense of family unity, loyalty, and interfamily cooperation (family pride); 2) a climate that fosters the growth and development of its members (family support); 3) mutual respect for the individuality of its members (cohesion); 4) flexibility of family roles (adaptability); 5) good communication patterns, including sensitive listening (communication); and 6) maintenance of relationships outside of the family, including social responsibility (social support).[85]

Ideally, measures of family functioning evaluate family strengths. Because these types of data are not available on a statewide basis, this report portrays family functioning by using proxy measures of family formation/dissolution, e.g., marriage rate, and various indicators of family dysfunction.

Family Formation/Dissolution

In 1989, there were 31,900 marriages in Colorado, up 462 from 1988. The marriage rate, however, remained the same as in 1988 at 9.5 marriages per 1,000 population. This rate is slightly lower than the 1988 national rate of 9.7. There were 18,550 marriage dissolutions in Colorado in 1989 for a rate of 5.5 divorces per 1,000 population, which is the lowest divorce rate since 1972 when it was 5.2. The U.S. rate for 1988 was 4.8.[86] Colorado's marriage dissolution rate was at its highest in 1977 with a rate of 7.6. Since then, rates have fluctuated somewhat but have generally followed a downward trend.[87]

Child Support

Measures addressing the support of children are paternities established and child support payments received. Failure to establish paternity significantly impacts children, who are less likely to receive economic support and other benefits from their fathers. Without this support, children may be at risk of poverty and a variety of associated risk factors. In terms of paternities established, Colorado's national ranking of 40 is one of the worst in the nation. In 1987, there were 126.9 paternities established per 1,000 births to unmarried women.[88]

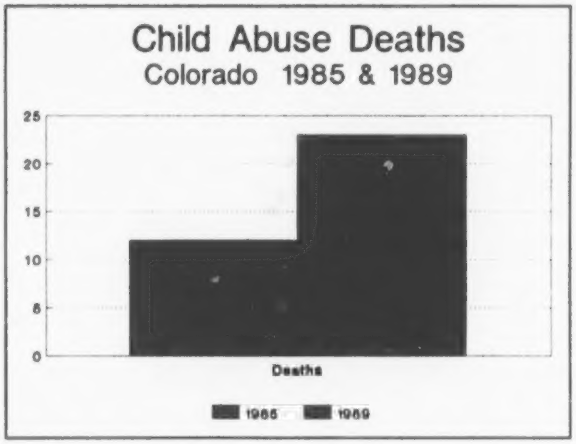
To some extent, the loss of income from an absent father is partly responsible for poverty among female-headed families with children. Although child support settlements were designed to somewhat compensate for this loss, many families do not receive full payment. In 1985, approximately 4.4 million women nationally were supposed to receive child support. Of these women, 48.2% received full payment, 25.8% received partial payment and 26% received no payment at all.[89]

In 1988, there were $228,547,089 in child support obligations due to the Colorado Department of Social Services (including both AFDC and non-AFDC cases). Of this amount, $35,130,642 was paid, only 15.3% of the total amount due.[90] For federal fiscal year '89 (from 10-1-88 through 9-30-89), the Colorado Department of Social Services collected $42,932,361, a 21.7% increase from the prior year.[91]

Family Dysfunction

Child abuse and neglect, domestic violence, substance abuse, teenage pregnancy and juvenile crime are reflections of family dysfunction. Data on each of these variables will be reviewed to depict some of the serious problems Colorado families are experiencing.

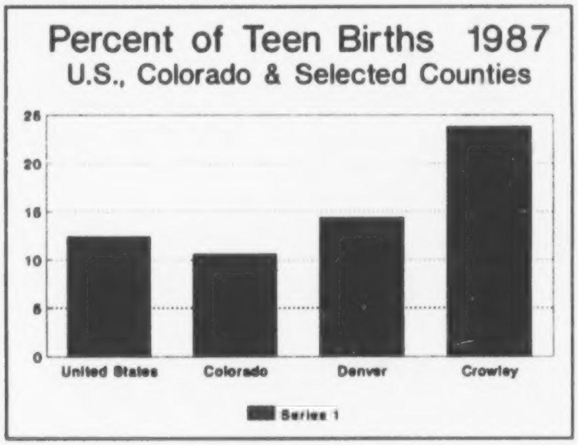
In 1989, there were 7,224 confirmed victims of **child abuse and neglect**, with a breakdown as follows: 2,492 victims of minor-moderate injury, 186 victims of major injury, 2,759 victims of neglect, 1,208 victims of incest and 761 victims of third-party sexual abuse.[92] Statewide data are not available indicating how many of these cases involve repeat victims or perpetrators (which would reflect the more severely dysfunctional families). The number of confirmed reports (some reports include more than one victim) has fluctuated since 1982 with a lowpoint of 4,348 in 1987 and a highpoint of 5,504 in 1989.[93] Further, there were 23 fatalities due to child abuse and neglect in 1989,[94] practically double the number of fatalities in 1985.[95] There were over 47,000 victims of child abuse and neglect for the eight year period between 1979 and 1986.[96]



In 1988, it is estimated that there were more than 20,000 arrests for **domestic violence.**[97] Colorado shelters housed 8,954 individuals in 1989, and they turned away an additional 1,253. Perhaps a more accurate depiction of the scope of the problem are the 70,765 crisis line calls that Colorado shelters handled in 1989.[98] There is no accurate statewide data on the number of fatalities due to domestic violence. The Colorado Domestic Violence Coalition and Project Safeguard (both in Denver) collect statistics on fatalities by using newspaper accounts or by the sharing of information within the domestic violence network.[99] Like child abuse and neglect, the statistics available do not accurately portray the extent of the problem.

In addition to family violence, **substance abuse has a devastating impact on family functioning.** Nationally, approximately 9.5% of the population are problem drinkers and 6.9% are problem users of drugs. For the population age 18 and over in Colorado, this translates into 238,000 problem drinkers and 171,000 problem drug users. There is at least a 25% overlap between these two groups.[100]

A related concern is the growing number of infants exposed to drugs in utero. A national study puts this figure at 11% of all newborns, or 375,000 babies annually.[101] There is no statewide data documenting the problems of drug-exposed infants in Colorado. However, Denver General Hospital has collected figures for their deliveries based on personal history of the mother, urine screenings, or both. Of the 2,924 total deliveries at Denver General Hospital in 1988, 117 or 4% were exposed to excessive amounts of alcohol or illegal drugs. In 1989, this percentage climbed to 6%. The Denver General Hospital statistics are to be viewed with caution because they are based on self-reports, which tend to be inaccurate.[102]



Teen pregnancy is included as an indicator of dysfunction because it **is sometimes associated with an adolescent's perception that her prospects for the future look bleak**, and little will be lost having a baby as an unmarried teenager. The percentage of all Colorado births that were to teenage mothers in 1987 was 10.6%, below the national average of 12.4%.[103] However, the statewide average masks the magnitude of the problem in certain Colorado counties where the percentage is double the statewide average or greater: 23.8% in Crowley, 22.6% in Sedgwick, 21.6% in Prowers and 21.2% in Rio Grande. Denver County and Adams County are almost one and one-half times the state average, at 14.4% and 13.4%, respectively.[104]

Juvenile crime is the final indicator of dysfunction, and, like teenage childbearing, is often associated with the outlook that the future holds little promise. The juvenile population (ages 10-17) decreased in Colorado from 363,000 in 1986 to 359,000 in 1988.[105] The number of arrests declined for this same time period from 46,000 in 1986 to 45,000 in 1988. This same trend occurred nationally. In spite of the decline in the juvenile population and the number of arrests, commitment and detention admission rates have increased. New commitments have fluctuated somewhat but have generally followed an upward trend from 417 in 1985 to 474 in 1989.[106] Detention admissions have increased steadily from 7,868 in 1985 to 9,355 in 1989.[107] This quagmire is the result of several factors: 1) society's "get tough" attitude reflected in harsher sentencing and release programs; 2) diminishing resources available for community placements and other release services; and 3) an increase in gang, drug, and alcohol problems. An additional concern is the overrepresentation of minority youth in the juvenile justice system.[108] In 1989, although minority youth were estimated to comprise 24% of the Colorado juvenile population, they represented 53% of all detentions and 50% of all commitments at the Division of Youth Services.[109]

Conclusion: Many Problems Face Colorado Families

The data reported reflect family deficits rather than family strengths. Research indicating that strong families deal more effectively with stress and change suggests the potential preventive role family strengths might play. It also supports the value of developing programs that help families build on these strengths.[110] It is important for Colorado to collect data on family strengths as well as deficits in order to evaluate public policy makers in their efforts to develop strategies that enhance family functioning.

This report describes the many types of problems facing Colorado families and children. The report began by exploring the economic health of families. It is estimated that poverty has increased dramatically for families with children under 18 since 1980. Female-headed families, particularly minority female-headed families, are at greatest risk of poverty. Employment is a route to self-sufficiency. However, child care is not affordable for many low-income women and the cost may prohibit them from working. Economic status is closely tied to educational status. Although Colorado's graduation rate has remained above the national average, there are a large percentage of Hispanic, Black, and Native American youth who do not complete high school. Failure to complete high school places one at risk of poverty and unemployment.

There are thousands of Colorado families with low-incomes that are denied access to adequate, affordable housing. The resulting instability and transiency has major implications for the family as a whole as well as family members, including interference with success at school.

Health factors can also impede school performance. All of the key benchmarks of child and family health need improvement, particularly the percent of low birth weight babies which is one of the highest in the nation. Children who suffer from mental disorders may also experience problems functioning in school and in other important areas of their lives. Too many children and adolescents with diagnosable mental disorders are going without any kind of mental health services.

Colorado's marriage rate is slightly lower and its divorce rate is higher than the national average. In the areas of paternities established, Colorado's performance is very poor. Child support collection efforts for 1989 have shown impressive gains over the previous year, but still allow much room for improvement.

Finally, many of the indicators of family dysfunction cut across all economic boundaries. Particularly disturbing is the high incidence of family violence, including the 23 children who died from child abuse and neglect in 1989. Data on the indicators of family dysfunction clearly show that many Colorado families are evidencing stress by the high incidence of child abuse and neglect, domestic violence, substance abuse, teenage pregnancy and juvenile crime. **It is imperative that Colorado involve parents in creating healthy, safe family environments where members feel a sense of bonding or commitment to one another and to their family, school and community.**

BACKGROUND INFORMATION FOR STATISTICS IN "ON ANY DAY IN COLORADO..."

On any given day in Colorado...

1. 935,141 people are without health insurance.

Reference: Louis Harris and Asociates (1988). Health Care in Colorado: A Survey of Colorado Residents, conducted for the Colorado Trust, p.7.

Explanation: The Trust survey found that almost 1/4 of the adult population (over 570,000 people) were without health insurance at some time during the previous year. Further, national data confirms that 1/3 of children lack health insurance. To obtain a 1990 figure for both adults and children, 1/4 of the adult (19+) population for 1990 (estimates provided by State Demographer's Office) which equaled 612,447 was added to 1/3 of the child (0-18) population for 1990 (322,694) for a total of 935,141.

2. 475,000 adults are illiterate.

Reference: Colorado Department of Education, State Library and Adult Education Office. Eighth Grade Completion and High School Graduation as Proxies for Literacy, p. 1; Colorado Department of Education, State Library and Adult Education Office (1989). State Plan: Colorado Adult Basic Education, FY 90-93, p. 18.

Explanation: The Colorado Adult Literacy Commission has recommended that the state establish an eighth grade reading and math level as a minimally acceptable level for adult literacy. The Colorado Department of Education estimates that in 1990 there are 225,000 Coloradans age 25+ who have not completed the eighth grade. Further, national studies report that about 1/4 of high school graduates lack more than an eighth grade level of literacy, which in Colorado translates into 250,000 more adults who are nonfunctional or minimally functional. These two figures were combined to get an estimate as to the total number of adults in Colorado that are illiterate.

3. 81,130 families with children under the age of 18 are living in poverty.

Reference: Projection for 1988 provided by the State Demographer's Office, Division of Local Government.

4. 58,480 low-income families with children under the age of 18 live in inadequate, unaffordable housing.

Reference: Data provided by Colorado Housing and Finance Authority (CHFA), July 1990.

Explanation: This is an estimate for 1990 and it is based on figures taken from the Colorado Housing Needs Analysis conducted by CHFA in 1986. That survey estimated that in 1990 there are 121,833 nonelderly households with incomes below 50% of the median ($17,500) in need of adequate and affordable housing. Since about 48% of these households are families with children under age 18, there are 58,480 of these families in need.

5. 194 crisis calls are made to shelters for victims of domestic violence.

Reference: Colorado Department of Social Services, Domestic Abuse Assistance Program.

Explanation: Colorado shelters handled 70,765 crisis line calls in 1989.

6. 123 youth are arrested.

Reference: Data taken from a speech prepared for the Colorado Department of Institutions, Division of Youth Services, Issues Facing the Juvenile Corrections System, pp. 4, 19.

Explanation: In 1988, there were 45,000 juvenile arrests.

7. 51 couples divorce.

Reference: Colorado Department of Health, Health Statistics and Vital Records Division (April 1990). News, p. 2.

Explanation: In 1989, there were 18,550 marriage dissolutions.

8. 31 adolescents drop out of school.

Reference: Colorado Department of Education (September 1990). Reaching for the Future, p. 24.

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7-12 that dropped out of school.

9. 20 children are abused or neglected.

Reference: Colorado Department of Social Services (March 1, 1990). Confirmed Reports to the Central Registry, Table 2, Confirmed Central Registry Victims in Selected Years.

Explanation: In 1989, there were 7,224 confirmed victims of child abuse and neglect.

10. 16 babies are born to teen mothers.

Reference: Colorado Department of Health, Health Statistics and Vital Records Division (1989). Colorado Vital Statistics: 1988, p. 33.

Explanation: In 1988, there were 5,686 births to teen mothers.

11. 11 babies are born weighing less than 5.5 pounds.

Reference: Colorado Department of Health, Health Statistics and Vital Records Division (1989). Colorado Vital Statistics: 1988, p. 40.

Explanation: In 1988, 7.8% or 4,184 infants of Colorado resident live births were low birth weight.

12. one child dies before his/her first birthday.

Reference: Data provided by Colorado Department of Health, Health Statistics and Vital Records Division, July 1990.

Explanation: This figure represents the infant mortality rate which is the number of infant deaths per 1,000 live births. In 1989, the infant mortality rate was 8.7 (the second lowest rate ever recorded in the state) or 459 infant deaths.

ENDNOTES FOR APPENDIX A

1. Data provided by State Demographer's Office, Division of Local Government.

2. McCune, S.D.; Lewis, A.; & Jesse, D. (1987). Environmental Scan of the State of Colorado (Prepared for Colorado Community College and Occupational Education System), p. 18.

3. Data provided by State Demographer's Office, Division of Local Government; percentages calculated for this report.

4. U.S. Department of Commerce, Bureau of the Census, The 1980 Census of Population, Vol. 1, Characteristics of the Population, Chapter C, General Social and Economic Characteristics, Part 7, Colorado, Table 64.

5. Ibid, Table 64; calculation of percentages performed for this report.

6. Schorr, L.B. (1988). Within Our Reach: Breaking the Cycle of Disadvantage, New York: Doubleday, pp. 25-29.

7. National Center for Children in Poverty (1990). Five Million Children, New York: Columbia University, pp. 76-77.

8. Schorr, L.B. (1988). Within Our Reach: Breaking the Cycle of Disadvantage, New York: Doubleday, p. 30.

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APPENDIX B

EXECUTIVE ORDER ESTABLISHING COLORADO COMMISSION ON FAMILIES AND CHILDREN

STATE OF COLORADO

EXECUTIVE CHAMBERS
136 State Capitol
Denver, Colorado 80203-1792
Phone (303) 866-2471

1876

Roy Romer
Governor

EXECUTIVE ORDER

CREATION OF THE COLORADO COMMISSION ON FAMILIES AND CHILDREN

WHEREAS, on an average day in Colorado:

81,130 families with children under the age of 18 are living in poverty;

58,480 low-income families with children under 18 live in inadequate, unaffordable housing;

475,000 adults are illiterate;

935,141 people are without health insurance, one-third of whom are under age 18;

194 crisis calls are made to shelters for victims of domestic violence;

123 youth are arrested;

20 children are abused or neglected;

31 adolescents drop out of school;

16 babies are born to teen mothers;

11 babies are born at low birthweight;

1 baby dies before his/her first birthday; and

WHEREAS, the vitality and productivity of Colorado depends on the strength and well-being of its families and on the appreciation of the unique role of children in our society; and

WHEREAS, the goal of Colorado's policy for families and children is to support, strengthen, and promote successful family functioning and to form strong partnerships between families and private and public systems; and

WHEREAS, Colorado's policy for families and children seeks to assure that policies and programs:

recognize the strength of family ties;

recognize the diversity of Colorado families;

support family stability and unity;

support family functioning;

treat families as partners when providing services; and

WHEREAS, family needs cut across organizational and public and private sector boundaries; and

WHEREAS, a system to support families must exist that includes intergovernmental cooperation and the community-based alliance of state and local governments and the private sector; and

WHEREAS, the State of Colorado has participated in a policy academy on families and children at risk sponsored by the Council of State Policy and Planning Agencies; and

WHEREAS, the policy academy on families and children developed a draft strategic plan for restructuring the way in which families and children at risk are served in Colorado; and

WHEREAS, the policy academy's strategic plan recommends the creation of a commission on families and children to coordinate the implementation of the strategic plan;

NOW, THEREFORE, I, Roy Romer, Governor of Colorado, by virtue of the authority vested in me under the constitution and laws of Colorado, DO HEREBY ORDER THAT:

1. The Colorado Commission on Families and Children is created. The commission shall consist of a cabinet council on families and children and other members from the governmental and private sectors. All members shall be appointed by the Governor and shall serve at his pleasure. Members shall serve without compensation.

2. The cabinet council shall consist of the executive directors of the Colorado Department of Social Services, the Colorado Department of Institutions, the Colorado Department of Health, the Governor's Job Training Office, the Office of State Planning and Budgeting, and the Colorado Commissioners of Education and Higher Education.

3. The activities of the commission shall be supported and coordinated by the cabinet council. Annually the Governor shall appoint the chair of the cabinet council. The chair of the cabinet council also shall serve as co-chair of the commission on families and children.

4. The commission shall have the following duties:

   a. Develop and maintain policy and procedures for the commission's operation.

   b. Advise the Governor in the development of policies and positions on families and children.

   c. Advise the Governor in the development of innovative applications of policies and positions on families and children.

d. Establish a broad base of support for Colorado families and children.

e. Provide linkage and coordination between government and the private sector.

f. Review all current family and child related policies, statutes, rules, regulations, practices, procedures, and forms of agencies for consistency with the standards determined by Colorado's policy for families and children.

g. Evaluate the effectiveness of state departments in implementing Colorado's policy for families and children.

h. Recommend changes to the Governor to integrate and prioritize state planning and budgeting based on relevance to Colorado's policy for families and children.

i. Recommend changes to the Governor to establish accountability in state departments and programs based on key outcome indicators for families and children.

j. Recommend changes to the Governor to ensure that efforts to prevent problems begin as early as possible in order to maximize the benefits to society, its families and children.

k. Recommend changes to the Governor to establish local communities as the focus of service planning and delivery for families and children.

l. Recommend to the Governor a mechanism for ensuring the long term implementation of a coordinated, integrated, family-centered service delivery system that emphasizes prevention and early intervention.

5. The commission shall meet at times and in places designated by its co-chairs. The commission shall submit periodic reports of its activities to the Governor.

Given under my hand and the
Executive Seal of the State of
Colorado, this 4th day of
October, 1990.

Roy Romer

Roy Romer
Governor

APPENDIX C

ENDNOTES FOR CHAPTER 2

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